



**Family Podiatry
Group of
Tampa, P.A.**

Podiatric Physicians and Surgeons

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Diplomate American Board
of Podiatric Orthopedics
and Primary Podiatric Medicine

Diplomate American Board of
Podiatric Surgery

Fellow American Academy
of Podiatric Sports Medicine

**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices.

Patient Name (please print)

Date

Parent, Guardian or Patient's legal representative

Signature