ACTIVE FOOT AND ANKLE CARE , LLC
4-14 SADDLE RIVER ROAD FAIR LAWN, NJ 07410 201-791-1881
44 ROUTE 23 NORTH, RIVERDALE, NJ 07457 973-831-1774

ACKNOWLEDGEMENT OF RECEIPT **OF** NOTICE OF PRIVACY PRACTICES

I acknowledge that I may request a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

________________________________ ______________________
Patient Name (please print) Date

____
Patient or Authorized Representative (if applicable)

____
Signature

SIGNATURE ON FILE

__________________________________ ___________________________
Patient’s Name (print) Insured/Medicare Number

I request that payment of authorized insurance and medicare benefits be made either for me or on my behalf to Richard T. Braver, D.P.M and/or Associates for any services furnished to me by him and or associates. I authorize any holder of medical information concerning me to release to my Insurance carrier or the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits to related services.

________________________________ ___________________________
Signature of Patient Date

Yearly renewal of signature on file as described above

________________________________ ___________________________
Signature of Patient Date

________________________________ ___________________________
Signature of Patient Date

________________________________ ___________________________
Signature of Patient Date