

CONNECTICUT FOOT CARE CENTERS, LLC

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

Section 1:

I acknowledge that I was provided 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

Parent or Authorized Representative (if applicable)

Signature

Section 2: (optional)

I authorize Connecticut Foot Care Centers, LLC to discuss all aspects of my medical care and financial account with the individuals listed below.

I understand that I may revoke this authorization at any time by notifying Connecticut Foot Care Centers, LLC in writing.

- 1) _____ Relationship: _____
- 2) _____ Relationship: _____
- 3) _____ Relationship: _____
- 4) _____ Relationship: _____

Signature

Date

505 Willard Avenue
Building 2, Suite D
Newington, CT 06111
(860) 666-2078
Fax: (860) 665-8247

506 Cromwell Avenue
Suite 204
Rocky Hill, CT 06067
(860) 563-1200
Fax: (860) 563-2665

51 Burlington Avenue
Bristol, CT 06010
(860) 582-0747
Fax: (860) 585-8124

535 Saybrook Road
Middletown, CT
(860) 346-5226
Fax: (860) 347-6280

300 Hebron Avenue
Suite 105
Glastonbury, CT 06033
(860) 633-6749
Fax: (860) 633-8168

949 Farmington Avenue
Kensington, CT 06037
(860) 828-9455
Fax: (860) 828-9557