



Missouri Foot & Ankle Clinics, PC  
1136 West 40 Highway  
Blue Springs, MO 64015

By signing below I acknowledge receipt of **HIPAA Notice of Privacy Practices**.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you wish others to have access to your Protected Health Information you must list the names of family members, friends, significant others or personal representatives we are allowed to release information to. Please provide us with those we may release information about to below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness