

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that a copy of Extremity Health Centers 'Notice of Privacy Practices' is displayed in the office lobby. I am also aware that I may request a copy of the 'Notice of Privacy Practices' from any member of the office staff. This notice describes how RICHARD P. JACOBY, D.P.M., P.C. (DBA. Extremity Health Centers) may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

(Signature of Patient, or Personal Representative)