



Paul D. Brooks, DPM

Medicine and Surgery of the Foot and Ankle

Acknowledgment of Receipt of Privacy Practice

By signing this document, I acknowledge that I have read and understand the Notice of Privacy Practices set forth by Paul D. Brooks, DPM, P.A.

I hereby authorize any representative of Dr. Paul D. Brooks, DPM, P.A. to talk to the following people regarding my medical treatment.

Name

Signature

Date

"Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred as secrets."

Hippocratic Oath