Lonnie Resnick DPM 148 East Avenue, Suite 1D Norwalk, CT 06851

Acknowledgment of Receipt of Notice of Privacy Practices

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	Date
Parent/Authorized Representative	
•	
Signature	