

**SCHUSSLER FOOTCARE CENTERS, PLC  
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
AND SCHUSSLER FOOTCARE CENTERS IS ALLOWED TO DISCLOSE MY  
INFORMATION TO THE FOLLOWING PEOPLE**

I \_\_\_\_\_ acknowledge that I have received a copy of Schussler Footcare Centers, PLC's Notice of privacy Practices. This notice describes how Schussler Footcare Centers, PLC may use and disclose my protected health information, certain restriction 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

\_\_\_\_\_  
Date

I allow Schussler Footcare Centers to disclose my protected health information to the following people.

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