

DR. ARTIN GEVORGIAN, D.P.M.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of Dr. Artin Gevorgian's, D.P.M.
Note of Privacy Practices.

Signature of Patient or Representative

Relationship

Patient Name

Date

May we discuss your medical condition with any member or your family? Yes No

If Yes, please name the members allowed:

May we leave a message on your answering machine at home, work or on your cell phone? Yes No

May we send text, email and/or voice appointment reminders? Yes No

Witness

Date