



Robson F. Araujo, DPM, FACFAS  
601 A Corley Avenue • Boaz, AL 35957  
Phone: 256-840-4810 • Fax 256-840-4815

**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 chose) and understand the notices.

\_\_\_\_\_  
**Patient Name (please print)**

\_\_\_\_\_  
**Parent or Authorized Representative (if applicable)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**