

DR. PETER M. WILUSZ DPM FACFAS

6510 TOWN CENTER DRIVE, SUITE C
CLARKSTON, MI 48346
(248) 922-6000

ACKNOWLEDGEMENT 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 (please print)

Date

Patient Signature

Signature of parent or authorized representative (if applicable)