

# Hartland Foot & Ankle

11518 Highland Rd. Hartland, MI 48353

## ACKNOWLEDGEMENT OF RECEIPT/UNDERSTANDING OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided/offered a copy of the Notice of Privacy Practices,  
and I have read/had the opportunity to read, and understand the Notice.

*Copy of Notice available electronically on our website, or print copy will be made available by request.*

---

Patient Name (please print)

Date

---

Parent or Authorized representative (please print, if applicable)

---

Signature (patient/parent/representative)

---

<< O >>

---

New Department of Health and Human Services guidelines require additional information to be obtained for electronic medical records. They are as follows:

- 1) **Do you or have you ever smoked?** (Required for ages 13 and older)  
NEVER    CURRENT (daily)    CURRENT (sometime)    FORMER
  
- 2) Blood Pressure (if known) \_\_\_\_\_ Blood sugar/A1c (if applicable) \_\_\_\_\_
  
- 3) **What is the primary language spoken in the home?** English    Spanish  
Chinese    Other (Please List) \_\_\_\_\_    Decline to Answer
  
- 4) **What race do you most associate your heritage with?**  
White    Asian    Black/African American    Native Hawaiian    American Indian  
Other (Please List) \_\_\_\_\_    Decline to Answer
  
- 5) **What is your ethnicity?**  
Hispanic or Latino    Not Hispanic or Latino    Unknown    Decline to Answer