



**Aurora**  
**Foot & Ankle**  
**Surgical Specialists, LLC**

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*Manx David Quayle, DPM & David Huntsman, DPM*

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, (NAME) \_\_\_\_\_, acknowledge and agree that I have been *offered a copy* of Aurora Foot & Ankle Surgical Specialists, LLC's Notice of Privacy Practices.

\_\_\_\_\_  
**\*Patient/Guardian Signature**

Date \_\_\_\_\_

**FOR CLINIC USE ONLY**

**Manx D. Quayle, DPM and David Huntsman, DPM** made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

**(Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)**