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**Acknowledgement of Receipt of Notice of Varni Foot and Ankle Care PLLC's Notice of Privacy Practices  
and Consent For Use And Disclosure Of Health Information**

By signing this form, you acknowledge you were advised of the HIPAA Notice of Privacy Practices of Varni Foot and Ankle Care, PLLC. Our HIPAA Notice of Privacy provides information about how we may use and disclose your protected information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. You may request a copy of the Notice of Privacy. This consent is voluntary, and you may refuse to sign it, the provider may refuse to treat me.

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**Full Name of Patient or Authorized Representative**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_ **(Relationship to Patient)**