

**GARY S. SCHEININ, D.P.M.**  
**SPECIALIST & SURGEON OF THE FOOT & ANKLE**  
555 KNOWLES DRIVE, SUITE # 220  
LOS GATOS, CALIFORNIA 95032  
(408) 378-5887

**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 so chose) and understood the Notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature