

# Cupertino Podiatry, Inc.

Adult & Children's Lower Extremity Biomechanics  
Reconstructive Foot & Ankle surgery  
Sports Medicine

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## 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

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

\_\_\_\_\_  
Signature