



BABAJIDE OGUNLANA, DPM, PLLC
West Houston Foot & Ankle Center

Surgery & Diseases of the Foot and Ankle, Wound Care, Sports Medicine

**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES**

I acknowledge that I was provided a copy/summary of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I chose) and understood the Notice.

Patient Name (Please Print)

Date

Parent or Authorized Representative (if applicable)

Signature

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