



**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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