



Michael W Dixon DPM  
Town Center Plaza  
440 Ernest Barrett Parkway, Ste 62  
Kennesaw, GA 30144-4918

Phone: 770.422.0280  
Fax: 770.426.5388

**ACKNOWLEDGEMENT 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 choose) and understood the Notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative

\_\_\_\_\_  
Signature