

# CENTER FOR FOOT AND ANKLE CARE

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Posted in the lobby is a Notice that describes how health information about you may be used or disclosed by Center for Foot and Ankle Care. This is backed up by Federal Law. The privacy and security provision of the Health Insurance Portability and Accountability (HIPPA) requires our office to:

- \*Make sure that health information that identifies you is kept private.
- \*Make available this notice of our legal duties and privacy practices with respect to health information about you; and
- \*Follow the terms of the notice that is currently in effect.

THIS NOTICE ALSO EXPLAINS YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU. THIS IS A SUMMARY OF THOSE RIGHTS.

1. The right to consent to authorize the use and disclosure of Protected Healthcare Information (PHI).
2. The right to receive a copy of the Office's Notice of Privacy Practice.
3. The right to request restrictions on how the Office communicates PHI to the patient.
4. The right to inspect and copy PHI.
5. The right to request an amendment of PHI.
6. The right to an accounting of the disclosures of PHI made by the covered entity for purposes other than Treatment, Payment, or Operations (TPO).
7. The right to complain about alleged violations to the Office and DHHS.

Please review this Notice as found in the lobby labeled "Notice of Health Information Privacy Practices". We will be happy to provide a copy to you upon request.

I HEREBY ACKNOWLEDGE THE RECEIPT OF CENTER FOR FOOT AND ANKLE CARE'S NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES. PLEASE PRINT AND SIGN YOUR NAME AND DATE BELOW.

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_