FAMILY FOOT & ANKLE PHYSICIANS, PLLC
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PATIENT ACKNOWLEDGMENT

Patient Acknowledgment of Understanding of Family Foot & Ankle Physicians' Privacy Practices

Patient's Name:_____ Date of Birth:_____

I understand that the patient's health information is private and confidential. I understand that Family Foot & Ankle Physicians works very hard to protect the patient's privacy and preserve the confidentiality of the patient' s personal health information.

I understand that Family Foot & Ankle Physicians may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. [*In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.]

Family Foot & Ankle Physicians has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy and is attached to this Acknowledgment. I understand that I have the right to read the "Notice" before signing this Acknowledgment.

Family Foot & Ankle Physicians may update this Acknowledgment and "Notice of Privacy Practices". If I ask, Family Foot & Ankle Physicians will provide me with the most current “Notice of Privacy Practices".

Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include but aren't limited to: access to my medical records, restrictions on certain use, receiving an accounting of disclosures as required by law, and requesting communication be by specified methods of communications or alternative location.

Family Foot & Ankle Physicians has established procedures which help them meet their obligations to patients. These procedures may include other signature requirements: written acknowledgments, authorizations, reasonable time frames for requesting information, charges for copies and non-routine information needs etcetera. I will assist Family Foot & Ankle Physicians by following these procedures if I choose to exercise any of my rights described in the “Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of Fan-lily Foot & Ankle Physicians' "Notice of Privacy Practices".

_____ _____ _____
Patient or legally authorized individual signature Date Time

If signed by other than patient, please state relationship_____
(parent, legal guardian, personal representative, etc.)