

# NEWTOWN FOOT & ANKLE SPECIALIST

## ASSURANCE OF PRIVACY FOR OUR PATIENTS

The Department of Health and Human Services has established a Privacy Rule to help insure that personal health information is protected for privacy. The standards for the misuse of Personal Health Information (PHI) are designed to protect your information when disclosing information that is needed to carry out proper treatment, payment, or health care operations.

As one of our patients, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When necessary, we provide the minimum amount of health care information to only those we feel need your interest.

Please note that we support your full access to your Personal Health Information. If you do not want someone to have access to your PHI, just inform our office manger or your physician so it can be noted in your chart. We will ask you to authorize release of PHI to any party that is directly connected to your treatment, payment, or health care options.

If you have any questions or objections to this privacy policy kindly ask to speak with our office manager or the physician. Please sign below to acknowledge that you have read this notice of privacy.

PATIENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

IF MINOR, SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_

An effort was made to get a signature but we were not successful. Date: \_\_\_\_\_

I authorize information to be released to \_\_\_\_\_

\_\_\_\_\_ Relationship to Patient

I authorize that a message may be left on my answering machine for any information at the following number,

( ) \_\_\_\_\_ Initial \_\_\_\_\_