

OPTIMA FOOT AND ANKLE

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Notice of Privacy Practice Acknowledgement and Consent

HIPAA, the Health Insurance Portability and Accountability Act is a federal law that was enacted to protect the privacy of your health information.

HIPAA requires that we:

- ✓ Share with you how we use and release your medical records.
- ✓ Inform you of your rights regarding your medical records.
- ✓ Obtain your acknowledgement that we offered this information to you.

I understand that Optima Foot & Ankle (referred to below as “the practice”) may use and disclose health information about me.

I understand that my health information may include information both created and received by the practice, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and similar types of health related information.

I understand and agree that the practice may use and disclose my health information in order to:

- ✓ Make decisions about and plan for my care and treatment.
- ✓ Refer to, consult with, coordinate among and manage along with other health care providers for my care and treatment.
- ✓ Determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care.
- ✓ Perform various office, administrative and business functions that support my physician’s efforts to provide me with, arrange and be reimbursed for quality, cost-effective care.

I also understand that I have the right to receive and review a written description of how the practice will handle information about me. This written description is known as a Notice of Privacy Practice and describes the uses and disclosures of health information made and the information practices followed by the staff of the practice and my rights regarding my health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy or a summary of the most current version is available to me upon request.

I understand that I have the right to ask that some or all of my health information not be used to disclose in the manner described in the Notice of Privacy Practices and I understand that the practice is not required by law to agree to such requests.