

FOOT & ANKLE SPECIALISTS, PLLC

1561 WEST 7000 SOUTH, SUITE 100
WEST JORDAN, UT 84084
PHONE: (801) 569-2696 FAX: (801) 352-0400

NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient, you have the right to a copy of that Notice. You may obtain a copy of the Notice from:

Foot & Ankle Specialists, PLLC
1561 West 7000 South, Suite 100
West Jordan, UT 84084
(801) 569-2696

We reserve the right to change the Notice at any time. If the Notice does change, you may obtain a revised copy at the same location.

I wish to be contacted in the following manner (check all that apply):

<input type="checkbox"/> Home Telephone: () _____ - _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with call-back number only	<input type="checkbox"/> Written Communication <input type="checkbox"/> O.K. to mail to my home address <input type="checkbox"/> O.K. to mail to my work address
<input type="checkbox"/> Work Telephone: () _____ - _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with call-back number only	<input type="checkbox"/> Other: _____

I will permit the release of information from my medical record, including appointment times and dates to the following persons: _____

I have had an opportunity to read and obtain a copy of the Notice of Privacy Practices. I understand the reasonable steps will be taken to limit the use or disclosure of my health information. I have had an opportunity to ask questions.

Note: Uses and disclosures of protected health information contained in the medical record may be permitted without prior consent in the event of an emergency.

Print Name: _____ Birthdate: _____

Patient Signature: _____ Date Signed: _____