



# FOUNDATION

— FOOT & ANKLE CENTER —

## HIPAA Compliance Patient Consent Form

Our Privacy Policy describes how we may use or disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care service.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family or friends who may be involved in your care. We are not required to agree with this restriction, but if we do, we shall honor this agreement. You also have the right to use another healthcare professional. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of your information for treatment, payment, or healthcare operations.

By signing this form:

- You consent to our use and disclosure of your protected healthcare information. You have the right to revoke this consent in writing signed by you, which will be effective the day you sign it.
- You understand that your health information may be used or disclosed for treatment, payment, or healthcare operations, including email and text updates about your care.
- You understand that Foundation Foot and Ankle reserves the right to change the privacy policy as necessary.
- You understand the information sent to you via email and/or text message from persons at Foundation Foot and Ankle Center will not be sent securely and will not be encrypted. You understand the risks associated with unsecured/unencrypted PHI exchange including, but not limited to, being read by an unintended third party or stolen. You understand that Foundation Foot and Ankle Center and its staff are not responsible for any unauthorized access of my protected health information communicated by way of unencrypted email and/or text.
- You have the right to revoke this consent in writing with your signature.
- You have read this document in full and agrees to it prior to signing this consent

May we call, email, or send you a text to confirm appointments and medical results?      YES      NO

May we leave a message on your answering machine at home or on your cell phone?      YES      NO

May we discuss your medical condition with any of your family member(s)?      YES      NO

If yes, please list the name of the member(s) allowed: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_