

# WENTZ FOOT AND ANKLE SPECIALISTS

## PATIENT ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this acknowledgement. By signing this form, you acknowledge that you had the opportunity to review the WENTZ FOOT AND ANKLE Privacy Practices describing the use and disclosures of protected health information about you for treatment, payment, health care operations, and other uses and disclosures as stated in our Notice. We provide this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- Protected health information includes, but is not limited to, information related to psychological disorders, sickle cell anemia, HIV/AIDS, communicable diseases, and alcohol and drug abuse diagnosis and treatment, if such information exists.
- WENTZ FOOT AND ANKLE has a Notice of Privacy Practices and that the patient has the opportunity to review the Notice.
- WENTZ FOOT AND ANKLE reserves the right to change the Notice of Privacy Practices at any time. A current copy of the Notice may be obtained by contacting our office.
- The patient may revoke this Consent in writing at any time and all future disclosure will then cease.

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

## AUTHORIZATION TO RELEASE INFORMATION TO FAMILY MEMBERS

By signing below, you authorize WENTZ FOOT AND ANKLE to share medical information about you with family members who are involved in your care. You may revoke this authorization at any time by providing a written notice to the Privacy Officer at the following address: 920 Rush Drive, Salida, CO 81201.

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

WE HAVE YOUR WRITTEN PERMISSION TO DO SO. Please read below and consider carefully whom you want to have access to your medical information.

I, \_\_\_\_\_, give WENTZ FOOT AND ANKLE my permission to leave phone messages regarding my medical care and information as described below. I fully understand that this authorization will remain valid until revoked in writing.

My home/mobile answering machine/voicemail: # \_\_\_\_\_ Initials \_\_\_\_\_

My office/work voicemail: # \_\_\_\_\_ Initials \_\_\_\_\_

My spouse: \_\_\_\_\_ # \_\_\_\_\_ Initials \_\_\_\_\_

Other: \_\_\_\_\_ # \_\_\_\_\_ Initials \_\_\_\_\_