AT YOUR FEET PODIATRY LLC

Dr. Graciani Martinez D.P.M. Dr. Richard Muñoz D.P.M.
973.366.8000

PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

• Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
• Obtain payment from third party payers.
• Conduct normal healthcare operations such as quality assessments and physicians certifications.

I have been informed by At Your Feet Podiatry LLC of its Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that At Your Feet Podiatry LLC has the right to change its Notice of Privacy
Practices from time to time and I may contact At Your Feet Podiatry at any time to obtain a current copy of the Notice of Privacy Practices.

I have listed below family members and other persons whom you may inform about my medical condition and diagnosis in a non-emergency event:

1. ....
2. ....
3. ....

By signing this authorization you acknowledge that you have read and understand At Your Feet Podiatry LLC HIPPA privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPPA. While At Your Feet Podiatry LLC has reserved the right to change the terms of its Privacy Notice is available upon request.

This permission is valid until such time that I request that this permission be revoked in writing.

PATIENT NAME: ____________________

SIGNATURE: ______________________ **DATE:** __________