

Acknowledgement of Review and Receipt of Notice of Privacy Practices

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 consent.

By signing this form, you consent to the use and disclosure of protected health information about you for treatment, payment and other healthcare operations. Advanced Foot & Ankle Specialists, PA provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I authorize that Advanced Foot & Ankle Specialists, PA may contact me in the following manner (check all that apply):

Home	Telephone:		
	OK to leave detailed message on answering machine or voicent OK to leave message on machine or voicemail with call-back no OK to leave message with family member or person answering Do not leave message	umber only	
Work 7	Telephone:		
	OK to leave message with family member or person answering call		
Cellula	ar Telephone:		
	OK to leave detailed message on voicemail OK to leave message with call-back number only Do not leave message		
Signat	ture of Patient or Patient Representative Date	е	
Printed	d Name of Patient or Patient Representative		
Description / Relation of Patient Representative Authority			