

Corpus Christi Podiatry

2601 Hospital Blvd., #211

Corpus Christi, Texas 78405

(361) 883-5955

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance and Portability and Accountability Act of 1996, I have the right of privacy regarding my protected health information, herein referred to as PHI. I understand that Corpus Christi Podiatry may use this information to:

1. Conduct, plan and direct medical treatment between providers who are involved in my healthcare directly or indirectly.
2. Obtain payment from third party payers.
3. Conduct healthcare operations. Ex.: Audits, Certifications, etc.

I have received a pamphlet outlining these policies. I understand Corpus Christi Podiatry may change this policy from time to time. I also understand that I may request a copy of the most up-to-date policy. I understand that a copy of the most recent policy is posted in the waiting room. I have the right to have this information translated to me in my native language.

I understand I may request in writing that Corpus Christi Podiatry restrict the use of my PHI for the purpose of treatment, payment, or healthcare operations. I also understand that Corpus Christi Podiatry is not required to comply with this request, but if mutually agreed upon, Corpus Christi Podiatry must abide by these restrictions.

Print Name: _____

Signature: _____ Date: _____