

Dr. Kevin C. Dodson, DPM

HIPAA Notice of Privacy Practices Acknowledgement Form

The HIPAA notice of privacy practices form provides information about how we may use and disclose protected health information about you. You have the right to review this notice before signing this form. As provided in the HIPAA notice, the terms of this notice may change. If the notice is changed, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations as described in our notice. You have the right to revoke this consent, except where we have already made disclosures in reliance on your prior consent.

I have read the HIPAA Notice of Privacy Practices

Signature of Patient or Authorized Representative

Date signed

Printed name of patient

Patient date of birth

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Dodson Foot Clinic Use Only

Patient declined to sign this acknowledgement form

Reason given: _____

Staff member name: _____

Office location: _____ Date: _____