BAY AREA FOOT & LASER PODIATRY GROUP

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

Quick Summary:

Your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination
- For billing purposes
- With your family, relatives, friends or others you identify who are involved with your healthcare or your healthcare bills, unless you object
- To protect the public's health, such as reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds, etc.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, we generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions (if applicable)

To read the full HIPAA Compliance notice, please ask us and we will provide you with the office copy to review.

I acknowledge that I was provided a copy of the Notice of Privacy Practices to review upon my request and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Name (please print)	**Date**

Parent or Authorized Representative (if applicable)

Signature