

East Windsor Lawrenceville Foot & Ankle, P. C. - HIPAA Regulation

HIPAA is a federal government regulation which contains rules about how we can use your medical information with, and without your prior permission. It also gives patients new rights with respect to the privacy of their medical information. We are obligated by law to make available to you a Notice of Privacy Practices which explains our duties and your rights, and to have a written acknowledgement from you that you have received this information. It is therefore necessary for you to sign this form below and we are grateful for your cooperation in this regard.

To learn more about HIPAA, you may visit the United States Department of Health and Human Services website at www.aspe.hhs.gov/asmnsimp/Index.htm

_____ I understand a copy of East Windsor Lawrenceville Foot & Ankles' Notice of
Initial Privacy Practices is available for my review.

Name (Sign): _____

Name (Print): _____

Date: _____

I hereby give permission to East Windsor Lawrenceville Foot & Ankle to leave test results, messages, etc. on my answering machine and/or with a family member.

_____ YES _____ NO (Please Check one)

Please indicate which of your phone numbers is appropriate to leave a message :

Home: _____

Cell: _____

Work: _____

I hereby give permission to the following (family member, doctors, other individuals, etc.) to receive any or all of my medical information:

_____ YES _____ NO (Please Check one)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____