

PRIVACY STATEMENT

The Alabama Family Foot Clinic, P.C. will use and disclose your health information for the following purposes: To treat you, to assist other health care providers in treating you, to allow insurance companies to process insurance claims for services rendered to you, to obtain payment for services rendered to you. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Additional Disclosure Authorization: In addition to the allowable disclosures described in the State Privacy Practices, I hereby specifically authorize disclosure of my protected healthcare information to the person(s) indicated below:

SPOUSE, FAMILY MEMBER OR NON- FAMILY MEMBER

**PLEASE SPECIFY
NAMES:**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES: (Signature represents that I have been offered a copy of the policy)**

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

SIGNATURE _____
DATE

PATIENT NAME OR AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THE E-MAIL AGREEMENT PLEASE UNDERSTAND WE CANNOT AND DO NOT GUARANTEE THE PRIVACY OR SECURITY OF ANY MESSAGES BEING SENT OVER THE INTERNET. PLAESE DO NOT E-MAIL SENSITIVE INFORMATION.

YES, I WOULD LIKE TO CORRESPOND THROUGH E-MAIL OR NO, I WOULD NOT

E-MAIL ADDRESS _____

PATIENT/GUARDIAN SIGNATURE

INFORMATION WILL ONLY BE SENT TO THE E-MAIL ADDRESS SPECIFIED.