



*Timothy W. Bush, D.P.M.*  
*Diplomate, American Board of Foot and Ankle Surgery*  
*William A. Cohen, D.P.M.*  
*Diplomate, American Board of Foot and Ankle Surgery*

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY  
PRACTICES AND PATIENT RECORD OF DISCLOSURES**

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

\_\_\_\_\_  
Patient Name (**Please print**)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
*Patient Signature (Or Authorized Representative (if applicable))*

\_\_\_\_\_  
Date

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner:**

Phone #: \_\_\_\_\_

Written Communication

O.k. to leave message with detail information

O.k. to mail to my home address

Leave message with call back number only

O.k. to mail to my work/office address

***I grant permission to share my protected health information with the following:***

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures.

***Note: Uses and disclosures for TPO may be permitted without prior consent.***