

Coates Foot and Ankle

Notice of Privacy Practices – Patient Acknowledgement

We at Coates Foot and Ankle are committed to safeguarding the privacy and confidentiality of your medical record including the personal information that you share with us. We comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

To assist us in protecting your privacy, please complete the following:

Patient Name (please print): _____

Date of Birth: _____

Primary Phone: _____

May we leave a message for you here? Y N

Alternate Phone: _____

May we leave a message for you here? Y N

Work Phone: _____

May we call you at work? Y N

May we speak to someone regarding your medical care? Y N

Name of person:

Relationship:

I have been made aware of the privacy policies of Coates Foot and Ankle and have received (or reviewed or been given the option to receive) a copy of the HIPAA Notice of Privacy Practices.

Signed: _____ **Date:** _____