



Print Patient Name: _____

Your Rights Regarding Your Health Information

1. *Communications.* You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to RFAAC Podiatry.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our office. You must provide us with a reason that supports your request for amendment.
5. You have the right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact our front office receptionist.
6. You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, RFAAC, all complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You have the right to provide an authorization for other uses and disclosures. Our practice will obtain written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. Any pictures taken from me at RFAAC will solely be used for purposes of electronic medical chart keeping and will not be shared with any marketing and/or advertising agency, unless requested by any federal or state governmental agency.
If you have any questions regarding this notice or our health information privacy policies, please contact Ridgeland Foot and Ankle Center.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PRESENTED WITH A COPY OF RIDGELAND FOOT AND ANKLE CENTER'S NOTICE OF PRIVACY PRACTICES.

Patient Signature

Date

Patient's Guardian or Representative's Signature
IF PATIENT IS A MINOR (UNDER 18) OR UNABLE TO SIGN OWN CONSENT

Relationship
IF SIGNED BY PATIENT'S GUARDIAN OR REPRESENTATIVE