



## ACKNOWLEDGEMENT OF HIPAA POLICY

Milwaukee Foot & Ankle Specialists provides this Consent to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We understand that your medical information is personal to you and we are committed to protecting such information. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide you. By law, we are required to make sure that your protected health information is kept private.

If you ever believe your privacy rights have been violated, you may file a complaint with the Compliance Officer of Milwaukee Foot & Ankle Specialists or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing complaints.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

How will we use or disclose your information? Here are a few examples:

- ~ For medical treatment & referral
- ~ To obtain payment & file insurance
- ~ In emergency situations
- ~ For workers' compensation programs
- ~ In response to certain requests arising out of lawsuits or other disputes
- ~ For research and education
- ~ To prevent serious threats to health safety
- ~ For appointment and patient recall reminders
- ~ To run our Practice more efficiently and insure all our patients receive quality care

You have certain rights regarding the information we maintain about you. These rights include:

- ~ The right to inspect and copy
- ~ The right to amend
- ~ The right to an accounting of disclosures
- ~ The right to paper copy of this notice
- ~ The right to request confidential communications
- ~ The right to request restrictions

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Milwaukee Foot & Ankle Specialists may condition treatment upon the execution of this Consent.

Additionally, by signing this form, you acknowledge that by presenting yourself as a patient or child you consent for care by the doctors and staff of Milwaukee Foot & Ankle Specialists. You hereby grant full authority to the Podiatrists and their respective assistants to administer and perform any and all drugs, treatments, tests, or diagnostic procedures to or upon your person, which may be advised or necessary.

### Effective Date

This notice is in effect as of April 15, 2003.

### Patient Acknowledgement

By signing below, I acknowledge receipt of a copy of this notice.  
I have full understanding and am in agreement to its terms.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_