

**NORTHEAST GEORGIA PODIATRY, P.C.**  
**ACKNOWLEDGEMENT OF RECEIPT**  
**OF**  
**NOTICE OF PRIVACY PRACTICES**

I acknowledge the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the Notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

**SUMMARY OF NOTICE OF PRIVACY PRACTICES**

**Uses and Disclosures of Health Information.** We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities as quality assessment, licensing, accreditation and training of students.

**Uses and Disclosures Based on Your Authorization.** Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose you health information without your written authorization.

**Uses and Disclosures Not Requiring Your Authorization.**

- To family members or close friends who are involved in your health care
- For certain limited research purposes
- for purposes of public health and safety
- To Government agencies for purpose of their audits, investigations and other oversight activities;
- to Government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law

**Patient Rights:** As our patient, you have the following rights:

- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information