

## THE FOOT CENTER

Communications: (Check one or all that applies):

Okay to leave voice message with detailed information

OK to E-mail detailed information/medical records

**Note: When we send you an email, it is a HIPPA compliant email. When an email is received through emails services (ex: Hotmail, Gmail, Yahoo) that do not utilize encrypted email, it may expose your protected health information.**

**I understand the risk of unencrypted email and do hereby give permission to The Foot Center to send my personal health information via email when necessary.**

The Foot Center will not communicate any information to anyone including family members unless he/she names are specified below:

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient/Guardian (if applicable): Name: \_\_\_\_\_ Date: \_\_\_\_\_

In general, the HIPAA privacy rule gives individual 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 PHI be made by alternative means, such as sending correspondences to the individual's office instead of the individual's home.

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