

NEW ENGLAND PODIATRY ASSOCIATES 1244 BOYLSTON ST. Chestnut Hill, Ma 02467 617-232-1752	Name: CSN: Date of Service:
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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

In accordance with the privacy standards issued by the United States Department of Health and Human Services, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I hereby consent to NEW ENGLAND PODIATRY ASSOCIATES using and disclosing my protected health care information for the purposes of treatment, billing, and health care operations.

Federal law requires that all patients be given a copy of the NEW ENGLAND PODIATRY ASSOCIATES Privacy Notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

NEW ENGLAND PODIATRY ASSOCIATES has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice by contacting the office.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

I have been given a copy of the NEW ENGLAND PODIATRY ASSOCIATES Privacy Notice.

Patient Signature: _____

Date:

When the patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Legal Guardian: _____

Date: