



Summary of Notice of Privacy Practices

(This summary is designed to assist you in understanding our Notice of Privacy Practices)

Health Information Use and Disclosure

The office of New Mexico Foot & Ankle Institute understands that medical information about you and your health is personal and we are committed to protecting that information. With that understanding, we will use and disclose your health information for the following purposes: to treat you, to assist other health care providers in treating you, to allow insurance companies to process insurance claims for services rendered to you, to obtain payment for services rendered to you and for certain limited operational activities, such as quality assessment, licensing, accreditation and training of students. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. We reserve the right to change this notice and will post a copy of the current (*dated*) notices in effect in our facility and on our website.

Additional Disclosure Authority: In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below. (*Please check each one.*)

- ANY MEMBER OF MY IMMEDIATE FAMILY No Yes _____
- SPOUSE ONLY No Yes _____
- OTHER (PLEASE SPECIFY) No Yes _____

Use and Release of Medical Information

We may use and release your medical information (clinical and billing) for:

- Payment, Treatment, Healthcare Operations
- Business Associates
- Appointment Reminders
- Treatment Alternative Education
- Health-related Benefits or Services
- As required by law to State/Federal Agencies
- Family or friends involved in your care
- Entities assisting in Disaster Relief

Your Health Information Rights

Although your health record is the physical property of the healthcare provider, you have the **Right** to:

- Access Information
- Request Amendments
- An Accounting of Disclosures
- Request Privacy Restrictions
- Request Alternate Communication
- File Complaints
- Obtain a Detailed Copy of this Notice

If you have any questions, concerns or complaints regarding our privacy practices, please refer to the actual Notice of Privacy Practices for the person(s) whom you may contact.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Patient Name or Authorized Representative (*print*)

Date

Signature