<u>NOTICE OF PRIVACY PRACTICE</u>

I understand that, under the Health Insurance and Portability & Accountability Act of 1996 (HIPAA), I have certain rights regarding the protected health information. I understand that this information can and will be used to:

- Conduct, Plan and Direct my treatment and follow-up among multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions. I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

<u>Persons Authorized to Access My Information</u>

1. Name / Relationship: _____

2. Name / Relationship: _____

3. Name / Relationship: _____

<u>Late Policy</u>
Existing patients have a check in time of 15 minutes prior to appointment with the doctor. New patients have a check in time of 30 minutes, prior to appointment with the doctor. Anything past 10 minutes, will be considered late and will be canceled & rescheduled.

<u>Treatment Consent</u>
I hereby consent and give my permission to the doctor(s) (and the doctor's assistants or designated replacement) to administer and perform such procedures or treatment upon me as the doctor has suggested and that I have agreed to.

<u>Medical Research Disclosure</u>
Rocky Mountain Foot and Ankle is partnered with Advanced Specialty Research and participates in medical research opportunities. As a patient you may be called in the event one of our physicians identifies a trial you may qualify for. You are not required to participate in medical research as a patient of Rocky Mountain Foot and Ankle.

Patient Signature: _____   Date: _____