

**FOOT & ANKLE CLINIC OF SPOKANE-SURGICAL CENTER
JACQUELINE BABOL, DPM,FACFS
NOTICE OF PRIVACY PRACTICE**

“PHI” stands for Protected Health Information. Protected Health Information means information about a person’s health that can be related to that person.

We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law.

Each time you visit Foot & Ankle Clinic of Spokane-SC, a record of your visit is made. This record may contain your symptoms, exam and test results, diagnosis and treatment.

This record is kept partly on paper and partly in computers. The record itself belongs to Foot & Ankle Clinic of Spokane-SC but the PHI in the record belongs to you.

- You can ask us for a restriction on the uses and disclosures of the PHI. That means you can ask us not to send it to certain persons or not to send certain parts of the information.
- We must tell you whether we agree to your request, but we do not have to agree.
- You can look at your health record and ask to have a copy of it. We may be allowed to charge you for the cost of making the copy.
- You can ask to have corrections made to your health record if you think it is wrong.
- You may ask us to send your PHI to you at another place or by another means.
- If you have given us permission to send your PHI to someone else, you can take back that permission. We will not get back any information we already sent.
- If you want help in understanding any of these rights you may ask to talk to the privacy officer. A complete HIPAA manual is located in the front office for review during your visit.

To file a complaint with the Department of Health and Human Services, send your complaint OCR, 200 Independence Avenue, SW, Humphrey Building, Mail Stop Room 506F, Washington, DC 20201.

We will use and disclose your protected health information about you for treatment, payment, and healthcare operations with written permission.

Patient Name (please print)

Date

Parent or Authorized representative (if applicable)

Signature