

Notice Of Privacy Practices

This NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your medical information to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and comply with certain legal requirements. This Notice will tell you about the ways we way use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided on the top of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose you medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or

- Court orders and Judicial and Administrated Proceedings
- Public Health Activities-Required by law
- Victims of abuse, neglect, or Domestic Violence
- Workers Compensation
- Health Oversight Activities
- Law Enforcement
- Alternative and Additional Medical Services.

YOUR INDIVIDUAL RIGHTS

You have the Right to:

To have access to and/or a copy of your health information;

- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

I _____ Acknowledge that I was Provided a copy and/or had the chance to read and understood the notice.

Signature Of patient or Legal representative

(relationship)

Patient's name if Under Age

Today's Date



Gievers-Zuniga Foot & Center
18111 Prince Philip Drive #226
Olney, MD 20832
301-570-FOOT (3668)
www.gieverszunigafoot.com