



NOTICE OF PRIVACY PRACTICES/HIPPA and Medical Release

I hereby give my consent for Infinity Foot and Ankle to use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and healthcare Operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Infinity Foot and Ankle, PA reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request Infinity Foot and Ankle, PA, Privacy Officer, 2611 Bolton Boone Dr., Desoto, Tx 75115.

With this consent, Infinity Foot and Ankle, PA may call my home or other alternative location and **leave a message on voice mail or in person** in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others. However, our policy is not to leave detailed messages regarding Protected Health Information or anything related to treatment, payment or healthcare operations.

With this consent Infinity Foot and Ankle, may **mail to my home or other alternative location** any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, Infinity Foot and Ankle, PA may **e-mail to my home or other alternative location** any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Infinity Foot and Ankle, PA restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, We may decline to provide treatment.

Medical Records Request: If requested by another physician, free of charge.

For Paper copies or electronic copies \$25

Alternatively, you can use the patient portal to obtain your records free of charge.

Furthermore, I give my consent to release medical information to the following people or facilities below:

Primary Care Physician: _____ PH Number: _____

Family Name: _____ Relationship: _____ PHNumber _____

Family Name: _____ Relationship: _____ PHNumber _____

Other Name: _____ Relationship: _____ PHNumber _____

I acknowledge that I was provided a copy of the Notice of Privacy Practices. I have read and understand the notice. By signing this form, I am consenting to Infinity Foot and Ankle, PA disclosure of my Personal Health Information (PHI) to carry out Treatment, Payment and healthcare Operations (TPO).

Patient Name Date of Birth

Signature of Responsible Party

Relationship to Patient

Today's Date