

DOVER FOOT SPECIALTY CENTER, P.C.

SUMMARY JOINT NOTICE OF HEALTH INFORMATION PRACTICES

We are required by federal law to provide a Joint Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Joint Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws. When this Summary Joint Notice refers to “we” or “us”, it is referring to DOVER FOOT SPECIALTY CENTER, P.C. and area hospitals that we are affiliated with.

USES AND DISCLOSURES:

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances, we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who may treat you.
- To provide information about the treatment that we provided in order to obtain payment from your health plan.
- To report a communicable disease, domestic violence or criminal activity.
- To comply with a court order requiring the disclosure of your medical record.

These examples are merely illustrative. For full description of these uses and disclosures that we are permitted to take, consult the Joint Notice of Privacy Practices.

YOUR RIGHTS:

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and receive a copy of the health information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of each disclosure that we have made of your health information. All these rights are subject to some exceptions that are described fully in the Joint Notice.

OUR OBLIGATION:

We are required to provide you with our Joint Notice of Privacy Practices and to abide by its terms. We may amend the Joint Notice from time to time. All amendments apply retroactively. Our full Joint Notice of Privacy is available upon request. If you have any questions, please contact our office at 603-742-2245.

SIGNATURE: _____ **DATE:** _____

DOVER FOOT SPECIALTY CENTER, P.C

**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

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

Patient Name (Please Print)

Date

Parent or Authorized Representative (If applicable)

Signature