

DAVID W. MANSKY D.P.M., PC
HIPAA/ PRIVACY PRATICES

Federal and state HIPAA laws require that after April 14th, 2003 all patients be informed of their podiatric office's particular privacy practices. We have instituted various safeguards and practices to protect your personal health information and especially focus on keeping confidential anything that you may consider sensitive information. In compliance with the HIPAA laws we are providing you with a formal notice of our privacy practices. This notice is also posted in our reception area.

In the normal process of our daily operation we do need to disclose some information about you. For instance; (1) to remind you of upcoming appointments we may mail reminder cards or call and leave a message stating the time and date of your appointment. (2) To process your insurance claims we must tell your insurance company what treatment was done and date. (3) We may call to inform you of test/lab results. (4) We need to send statements to you.

I request that all communication to me (by phone, mail, or other wise) by David W. Mansky, D.P.M., P.C., be done with the following phone number and address:

PLEASE CHECK/FILL OUT:

Phone number ____ home ____ other () _____ - _____

May we leave a message? _____yes _____no

List those people we may leave a message with or speak with concerning your personal health information. _____

Address _____ home _____ other _____

I have read this sheet and received (or was offered) a copy of your privacy practice.

Signature of
Patient/Guardian _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

Practice _____ Accepts _____ Denies _____

Privacy officer signature: _____ Date: _____