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Sunnyvale, TX 75182

2501 Oaklawn Ave #201
Dallas, TX 75219

HIPAA CONSENT

In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends and co-workers.

PLEASE CIRCLE YOUR RESPONSE

1. May we leave messages concerning your APPOINTMENTS with co-worker, receptionist or secretary that might regularly answer your calls?	YES	NO	N/A
2. May we leave MESSAGES on a voice mail at work?	YES	NO	N/A
3. May we discuss your appointments/treatments with your spouse?	YES	NO	N/A
4. If you are over the age of 18, still living at home, may we discuss your appointments/treatment with your parent(s)/guardian?	YES	NO	N/A
5. If you are over the age 18, may we discuss your appointments/treatments with your children?	YES	NO	N/A

THIS AUTHORIZATION APPLIES TO VERBAL EXCHANGES/MESSAGES ONLY WITH AUTHORIZED FRIENDS/FAMILY/AGENTS. Other requests (documents, prescriptions, samples, etc.) must be accompanied by a signed authorization from you (the patient) with the actual date of service.

You must inform us in writing of any changes in your directives. This record takes effect January 1, 2009 and will be kept in your file. By signing below you acknowledge the above and acknowledge receipt of the Notice of Privacy Practices.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ DATE OF BIRTH: _____