

PARNASSUS HEIGHTS PODIATRY GROUP

A Professional Corporation

Diseases & Injuries of the Foot & Ankle

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FEDERAL HEALTH PRIVACY RULE CONSENT FORM

PRIVACY RULE

The Federal Government has developed regulations in an attempt to ensure the health care privacy of our patients. This means that we cannot use or disclose health information for the purpose of treatment, payment or health care operations without your written consent. As part of these regulations, we are required to inform you how this office utilizes, shares, and protects the health care information that we collect. Attached is a copy of our office policy and further detail regarding the Federal Health Privacy Rule.

You may revoke this consent at this time or you may request additional restrictions on how your health care information is used and disclosed for treatment, payment and health care operation purposes.

I agree with the Health Care Privacy Compliance being utilized by this office.

Date: _____

Printed Patient Name: _____

Signature of Patient: _____

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