Knoxville Footcare
Patient Consent Form & HIPPA Notification

Patient:_____   Date of Birth:_____/_____/_____

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the rights to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

In connections with the medical services that I receive from the above-named physician or physician group (Knoxville Footcare), I hereby authorize the above-named physician or group to disclose any/or all information concerning my medical condition and treatment, including copies of applicable hospital and medical records, to:

A. Any third party payor to obtain payment for the medical services received;
B. Other healthcare professionals and institutions involved in the delivery of health care to me;
C. The proponent of any legally sufficient subpoena or court order;
D. Employees and agents of the practice , to the degree necessary to facilitate the provision of health care services and payment for such services;
E. Pharmacies; and
F. Other parties as otherwise required or permitted by law.

In each case, the practice shall take reasonable steps to ensure that only the minimum necessary information is disclosed in accordance with the above. I further understand that I have been given access to the Notice of Privacy Practices, and that I have had the opportunity to place special restrictions upon the consent herby given:

_____
_____
_____

Please list the names/relationships of anyone we are authorized to speak with regarding your medical condition, in addition to those mentioned above:

Name	Relationship	Telephone
_____	_____	(_____)_____
_____	_____	(_____)_____
_____	_____	(_____)_____
_____	_____	(_____)_____

This consent is valid from the date executed until revoked in writing by the patient.

Signed:_____ Date:_____

Witness: _____