NAPA VALLEY PODIATRY GROUP

SKY P. SHANKS, DPM, AACFAS 935 TRANCAS STREET, SUITE 2C NAPA, CA 94558 P: (707) 259-0766 F: (707) 259-0183

FEDERAL HEALTH PRIVACY RULE

CONSENT FORM

Privacy Rule

The Federal Government has developed regulations in an attempt to ensure the health care privacy of patients. This means that we can not use or disclose health information for the purposes 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 protect 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 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.

Notice to consumers: Medical doctors are licensed and regulated by the Medical Board of Califoration (800) 633-2322 www.mbc.ca.gov		
Printed name		
Patient signature	 Date	