



# Notice of Privacy Practices

## Mountain West Foot & Ankle Institute

(This summary is designed to assist you in understanding our Notice of Privacy Practices)

### Health Information Use and Disclosure

Mountain West Foot & Ankle Institute understands that medical information about you and your health is personal and we are committed to protecting that information. With that understanding, we will use and disclose your health information for the following purposes: to treat you, to assist other healthcare providers in treating you, to allow insurance companies to process insurance claims for services rendered to you, to obtain payment for services rendered to you and for certain limited operational activities, such as quality assessment, licensing, accreditation and training of students. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. We reserve the right to change this notice and will post a copy of the current (dated) notices in effect in our facility.

### Additional Disclosure Authority

In addition to the allowable disclosures described in the State of UT Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY	<input type="radio"/> YES	<input type="radio"/> NO
SPOUSE ONLY	<input type="radio"/> YES	<input type="radio"/> NO
OTHER (PLEASE SPECIFY)	<input type="radio"/> YES	<input type="radio"/> NO

### Health Information Use and Disclosure Not Requiring your Authorization

We may disclose your health information without written authorization under these circumstances:

- To family members or close friends who are involved in your health care
- For certain limited research purposes For public health and safety purposes
- To Government agencies for audits, investigations and other oversight activities
- To Government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcement authorities to protect public safety or assist apprehending criminals when requested by court orders, search warrants, subpoenas as required by law

### Patient Rights

As our patient, you have the following rights:

- To have access to inspect and/or obtain a copy of your health information that may be used to make decisions about your care.
- To receive an accounting of certain health information disclosures we have made
- To request restrictions pertaining to how your health information is used and disclosed for treatment, payment or healthcare operations.
- To request that we communicate with you in confidence; in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.
- To request that we amend your health information if you feel medical information we have about you is incorrect or incomplete
- To receive notice of our privacy practices by requesting a paper copy at any time

If you have any questions, concerns or complaints regarding our privacy practices, please refer to the actual *Notice of Privacy Practices* for the person(s) whom you may contact.

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and have read (or had the opportunity to read if I so chose) and understood the Notice.

\_\_\_\_\_  
Patient Name or Authorized Representative (print)

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_