

HIPAA Privacy Rule
Receipt of Notice of Privacy Practices
Written Acknowledgement Form

Acknowledgement of receipt of Information Practices Notice (§164.520(a))

I, _____, (patient's name) understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Foot & Ankle Institute of Iowa's Notice of Privacy Practices provides a complete description of the uses and disclosures of my health information. I understand that:

- I have the right to review Foot & Ankle Institute of Iowa's Notice of Privacy Practices prior to signing this acknowledgement
- Foot & Ankle Institute of Iowa reserves the right to change its Notice of Privacy Practices and prior to implementation of this and will mail a copy of any revised notice to the address I've provided if requested.

Signature of Individual or Legal Representative Witness _____

Printed Name of Individual or Legal Representative _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

Foot & Ankle Institute of Iowa

3613 Beaver Avenue Des Moines, Iowa 50310

Phone: 515.223.5219 Fax: 515.223.9344

Email: fai@mydoctorrudy.com

Appointment Cancellation Policy

A \$25.00 Fee will be Billed directly to all patients who are a NO SHOW. You MUST call and cancel your appointment at least 48 hours prior to your appointment time. We have a secure voice mail system; you can leave a message 24 hours a day 7 days a week. This allows other patients to be offered the available time slot. By Signing this Form, you agree to the terms of our Policy in this office. Thank you for your understanding and corporation.

Signature

Date