



VALLEJO FOOT & ANKLE CLINIC

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NOTICE OF PRIVACY PRACTICES

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your Protected Health Information (PHI) is practiced.

Uses and Disclosures

- Your PHI is accessed and used for healthcare related purposes only.
- Your PHI is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes including marketing activities without your written organization.
- Your PHI is disclosed to third-party entities without your written your written authorization for the purposes of treatment, to obtain payment for treatment, and for healthcare operations.

Your PHI may be disclosed without your written authorization in certain limited circumstances,

- Medical emergencies
- In situations required by law
- Individuals involved in your care
- When requested by public health agency
- When requested by a law enforcement agency

For any purposes other than treatment, obtaining payment, healthcare operations, or certain circumstances, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to disclose PHI, you can revoke that authorization in writing at any time.

Patient Rights

- You have the right to request in writing to inspect and/or receive a copy of your health information.
- You have the right to request an alternate means or location to receive communications regarding your health information.
- You have the right to request in writing to amend, correct, or delete any recorded health information within our possession.
- You have the right to request in writing to restrict some of the uses and disclosures of your health information.
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.



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ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have read
(Name of Patient)

the Notice of Privacy Practices at Vallejo Foot & Ankle Clinic (VFAC). This notice describes how VFAC may use and disclose my PHI, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my PHI.

Signature of Patient

Date

Signature of Guardian
Or Representative

Date