

JOSEPH M. QUEZADA, D.P.M.

Medicine & Surgery of the Foot
Fellow, Academy of Ambulatory
Foot & Ankle Surgery



207 N. Geneva St. Ithaca, NY 14850

www.cayugafootcare.com

(607) 272-2610

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that the information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in my treatment and care.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have read and understand Cayuga Foot Care's **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my personal health information. I understand that this organization has the right to change the **Notice of Privacy Practices** from time to time and that I may contact Cayuga Foot Care at any time to obtain a current copy of this policy.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations.

Patient Name (please print): _____

Signature: _____

Relationship to Patient: _____
(if patient is a minor, or cannot sign for themselves)

Date: ____/____/____
(month) (day) (year)