

PRIVACY POLICY NOTICE

Federal law requires physicians to inform their patients of their privacy policy. The following is a summary of our privacy policy and the full policy is available upon request.

Generally we will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting health care operations. This is done in accordance with state and federal law regarding the confidentiality of your health information.

We are required by most health insurance companies to share your health information with referring physicians, specialty physician, clinical and pathology laboratories, pharmacies, and/or other health care personnel providing you treatment. We also forward to your health insurance company your diagnosis and treatment so that we can receive payment.

It is also possible that your health information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance review. Certain state and federal laws also require us to report victims of abuse, neglect, or domestic violence. There are also instances where the federal government or military authorities request health care information related to public health or national security. We also may be required to provide this to law enforcement agencies.

Except for those mentioned above, we will not disclose any health information concerning your without your written authorization. You may also request that we communicate with you only in certain ways, for example: through the mail or by phone. We may call you to remind you of your appointment, but we will not mention any health related data.

If you have questions concerning our privacy policy, please call us at (503) 667-7789

By signing below I certify that I have read this privacy policy notice for the Gresham/Downtown Foot Clinics.

Patient's name _____
(please print your full name)

Patient's signature _____ Date _____

AUTHORIZATION TO USE ELECTRONIC MEDIA

I consent to the use of text messaging and email as a form of communication to me regarding my health care information. I understand that there are inherent risks in this form of communication, such as my health care information being intercepted by unintended parties (ie hackers) and I release the Gresham and Downtown Foot Clinics of liability if such an event should occur. I also understand that I agree to this policy if I initiate a text message or an email to the doctor, whether or not I have signed this policy.

Patient's signature _____ Date _____