



Dr. J. D. Clark
Bozeman Podiatric Clinic
1125 W. Kagy Blvd., Ste 101 Bozeman, MT 59715 406-586-5318

**Notice of Privacy Practices
Patient Acknowledgment**

Patient Name: _____ Date of Birth _____

I have received this Notice of Privacy Practices written in plain language. This notice provides in detail the uses and disclosures of my protected health information. This notice includes:

1. A statement that this practice is required by law to maintain the privacy of all protected health information.
2. A statement that this practice is required to abide by all terms currently in effect.
3. Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment and health care.
4. A description of other uses and disclosures that will be made with my written authorization and that I may revoke such authorization.
5. I understand that I have the right to complain to this practice and to the Secretary of HHS if I believe my privacy has been violated.
6. The right to request restrictions on certain uses and disclosures of my protected information, and that this practice is not required to agree to a request for such restrictions.
7. The right to receive confidential communications of private information.
8. The right to inspect and copy protected health information.
9. The right to amend protected health information.
10. The right to obtain a copy of the Notice of Privacy from this practice.

Patient Signature _____ Date _____

Relationship to Patient _____