

Steven G. Tillett, D.P.M.

6327 SW Capitol Hwy, Suite B
Portland, Oregon 97239

511 SW 10th Ave, Suite 811
Portland Oregon, 97205-2709



Notice of Privacy Practices Acknowledgment and Consent

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

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

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

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

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 health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name (please print)

Date

Patient or Authorized Representative (if applicable)

Signature

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason: