

# Summit Podiatry

## Summary of Notice of Privacy Practices

This summary is provided to assist you in understanding our Privacy Practices.

The following are the possible uses and disclosures of health information: We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us, or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

**Uses and disclosures based on your authorization, except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.**

- To family members or close friends who are involved in your health care:
- For certain limited research purposes:
- For purposes of public health and safety
- To government agencies for purpose of their audits, investigations and other oversight activities
- To government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcements authorities to protect public safety or assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by the law

**You have the following rights as our patient:**

- To have access to and/or a copy of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of our privacy practices

If you have any questions, concerns or complaints regarding our privacy practices, please refer to the attached Notice of Privacy Practices for the person or persons whom you may contact.

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Notice of Privacy Practices Acknowledgement Receipt

I (print) \_\_\_\_\_ have received and read and understand of the Summary of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date