



Brian M. Bowen, DPM
Timothy Mineo, DPM
Practice Requirements

The Practice:

1. Is required by Federal Law to maintain the privacy of your PHI (Protected health information) and to provide you with the Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
2. Under the Privacy rule, may be required by State law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.
3. Is required to abide by the terms of this Privacy Notice.
4. Reserves the right to change the terms of the Privacy notice and to make the new Privacy notice provisions effective for your entire PHI that it maintains.
5. Will distribute any revised Privacy Notice to you prior to implementation.
6. Will not retaliate against you for filing a complaint.

PATIENT ACKNOWLEDGEMENT

By signing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

I authorize any medical or other information about me to be released to the social security administration/its intermediaries or insurance company- that is needed for this or a related claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to benefits apply.

Signature: _____ Date: _____

A COPY OF THIS SIGNATURE WILL BE USED FOR RELEASE OF INFORMATION TO YOUR INSURANCE COMPANY AND FOR ASSIGNMENT OF BENEFITS TO

Brian M. Bowen D.P.M
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