Christian Smith, DPM, FACFAS
452 Perkins Extended
Memphis TN 38117
p 901-730-8300 f 9017308111
utoepia8637@gmail.com

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**
**HIPAA**

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information (PHI). 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 who may be involved in the treatment directly and indirectly.

Obtain payment from third-party payers.

Conduct normal healthcare operations such as quality assessments and physician Certifications.

I received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my PHI. This document can be viewed in the office at the time of your appointment by asking the front desk. 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 to obtain a current copy of the Notice of Privacy Practices.

**Name**_____

**Sign**_____ **Date**_____