CENTER PODIATRY
Advanced Footcare Center

Gary N. Grippo, DPM, FACFAS
Sean W. Lazarus, DPM, FACFAS

PATIENT CONSENT FORM

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), 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 who may 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 been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has the right to change it's *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below 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 on 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:____

Signature:____

Relationship to Patient:_____________________________________

Date:______________________________

270 Center Street, West Haven, Ct. 06516
(203) 937-7700
Fax (203) 933-2050

189 Durham Road, Guilford, Ct. 06437
(203) 453-0304
Fax (203) 933-2050

205 Main Street, East Haven, Ct. 06512
(203) 937-7700
Fax (203) 933-2050

415 Killingworth Road, Higganum, Ct. 06441
(860) 345-7996
Fax (203) 933-2050

23 W. Main Street, Clinton, Ct. 06413
(203) 937-7700
Fax (203) 933-2050

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I am aware that Dr. Gary N. Grippo and Dr. Sean W. Lazarus participate as providers in the Medicare system. I am also aware that Medicare has the right to review the medical necessity of this visit and may decide that, in their opinion, this visit may be medically unnecessary. If this occurrs I am fully aware that I will be directly responsible for the charges incurred and have willingly agreed to treatment on this day, even in light of this possibility. I also understand that I am responsible for non routine footcare, prostheses and durable medical equipment.

____
Name Signed

____
Name Printed

____
Date of Service

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