

Bio-Tech Prosthetics & Orthotics, Inc.
Greensboro, NC Winston-Salem, NC

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of **Bio-Tech Prosthetics & Orthotics, Inc.**, Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of **Bio-Tech Prosthetics & Orthotics, Inc.**, duties with respect to my protected health information. The Notice of Privacy Practices is posted in reception area.

Bio-Tech Prosthetics & Orthotics, Inc., reserves the right to change the privacy practices that area described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

Consent for Use and Disclosure of Protected Health Information

Use and Disclosure of Your Protected Health Information

Your protected health information will be used by Bio-Tech Prosthetics & Orthotics, Inc., or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information. Bio-Tech Prosthetics & Orthotics, Inc., may or may not agree to restrict the use or disclosure of your protected health information. If Bio-Tech Prosthetics & Orthotics, Inc. agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

Bio-Tech Prosthetics & Orthotics, Inc. reserves the right to modify the privacy practices outlined in the notice.

I have reviewed this consent form and give permission to Bio-Tech Prosthetics & Orthotics, Inc. to use and disclose my health information in accordance with it.

Name of Patient (Print or Type)

Signature of Patient/Patient Representative

Date

Relationship of Patient Representative to Patient