



Princeton Foot & Ankle Associates, PC
Medical and Surgical Treatment of the Foot and Ankle

Dr. John F. Stanoch
Dr. Josh B. Ottenheimer
Dr. Peter Panagakos
Dr. Sachin H. Patel

Princeton Foot and Ankle Associates, P.C.

HIPAA

HIPAA is a federal government regulation which contains rules about how we can use your medical information with, and without, your prior permission. It also gives patients new rights with respect to the privacy of their medical information. We are obligated by law to make available to you a Notice of Privacy Practices which explains our duties and your rights, and to get a written acknowledgement from you that you have received this information. It is therefore necessary for you to sign this form below and we ask your cooperation in this regard.

To learn more about HIPAA, you may visit the United States Department of Health and Human Services' website at:

<http://www.hhs.gov/hipaa/>

_____ I understand a copy of Princeton Foot and Ankle Associates' Notice of Privacy Practice is
Please Initial

available for my review.

Name (sign): _____

Name (print): _____

Date: _____



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Princeton Foot and Ankle Associates, P.C.

HIPAA

I hereby give permission to Princeton Foot and Ankle Associates to leave test results, billing issues, etc. on my answering machine and/or with a family member.

_____ YES _____ NO
 Please Initial

*Please indicate which of your phone numbers is appropriate to leave a message:

Home: _____
Cell: _____
Work: _____

*Please indicate which family member:

Name: _____ **Phone Number:** _____
Relationship: _____

I hereby give permission to the following (family member, doctors, etc.) to receive any and/or all medical information.

_____ YES _____ NO
 Please Initial

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
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Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Name (sign): _____ Date: _____
 Name (print): _____