

**Dr. Steven Shoemaker
Podiatry and Ankle Care (PACE)**

HIPAA PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Right section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

I have been given the right to review the Notice of Privacy Practices prior to signing this consent. I also understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that this practice (PACE) is not required to agree to my requested restrictions, but if it does then PACE is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that PACE has taken action relying on this consent.

Patient Name: _____

Signature: _____

Relationship to Patient
(If other than patient): _____

Date: _____