



Health One

PODIATRY

2808 N. 5th Street Highway
Reading, PA 19605
610.921.8800 Phone
610.929.6942 Fax

Dr. Patricia Mcilrath, DPM

Notice of Privacy Practices

The attached **Notice of Privacy Practices** contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information. Please refer to that notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we will disclose your health information without your written authorization:

1. To family members or close friends who are involved in your health care;
2. For certain limited research purposes;
3. For purposes of public health and safety;
4. To government agencies for purposes of their audits, investigations and other oversight activities;
5. To authorities to prevent child abuse or domestic violence;
6. To the FDA to report product deficits or incidents;
7. To Law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
8. When required by courts orders, warrants, subpoenas and as otherwise required by law



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Continuation of Notice of Privacy Practices

Patient Rights

As our patient, you have the following rights:

1. To have access to and/or a copy of your health information;
2. To receive an accounting of certain disclosures we have made of your health information;
3. To request restrictions as to how your health information is used or disclosed;
4. To request that we communicate with you in confidence;
5. To request that we amend your health information;
6. To receive notice of our privacy practices

If you have a question, concern or complaint regarding our privacy practices, please contact Dr Patricia Mcilrath at 302.545.4569.

ACKNOWLEDGMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided or offered the opportunity to receive a copy of the Notice of Privacy Practice and that I have read or had the opportunity to read this notice if I so chose and understand the notice.

Patient Name (please print)

Date

Signature