



## Dr. Spence D. Harper, PC

*Diseases and Surgery of the Foot and Ankle  
Diplomate, American Board of Foot and Ankle Surgery®*

### Notice of Privacy Policy Form

I understand that, under the Health Insurance Portability and accountability Act of 1996 (HIPAA), 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 the 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 Dr. Spence D. Harper of the 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 its Notice of Privacy Practices without notice and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing the restriction of my private information uses and disclosure of treatment payments or healthcare operations. I also understand Dr. Spence D. Harper is not required to agree to my request of restriction. Upon the approval of the restriction Dr. Spence D. Harper must comply with all approved restrictions.

I understand that I may revoke this consent in writing at any time.

I acknowledge that I was provided a copy of Dr. Spence D. Harper's Notice of Privacy Form in accordance with federal mandates HIPAA Law. I have had time to read and review this notice and have had instructions given to me on how to obtain a copy for my personal records should I desire

Patient Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wasatch Foot & Ankle Center  
190 N Main Street  
Heber City, UT 84032  
P: 435-657-0329  
F: 801-274-9064  
[www.drspenceharper.com](http://www.drspenceharper.com)