Step Wright
Medical Footcare

Foot Care Practitioner
2418 HWY 72/221 Greenwood, SC 29649
P: 864-387-1116 FX: 270-220-0519
www.stepwright.com

Notice of Privacy Practice and Practice Policies Consent Form

I have been informed of the Notice of Privacy Practice and Practice Policies for Step Wright, LLC. I have reviewed and acknowledge that I have studied the Notice of Privacy Practices and Practice Policies prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices and Practice Policies from time to time, and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices or Practice Policies.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand the organization is not required to agree to my requested restrictions, but if the organization does agree, then it is abound to abide by such restrictions.

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

_____ _____
Patient's Name Date of Birth

_____ _____
Signed (Patient or Legal Representative) Today's Date

_____
Legal Representative's Relationship to Patient