

**NOTICE OF PRIVACY PRACTICES**

TopFeet Foot & Wound Care

Effective Date: \_\_\_\_\_

This Notice of Privacy Practices (“Notice”) describes how medical information about you may be used and disclosed and how you can get access to this information.

**OUR DUTY TO PROTECT YOUR HEALTH INFORMATION**

TopFeet Foot & Wound Care is committed to protecting your health information. We are required by law to maintain privacy, provide this Notice, follow its terms, and notify you of any breach.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use/disclose your PHI for treatment, payment, and healthcare operations.

TREATMENT: Coordinating and providing care.

PAYMENT: Billing insurance and obtaining payment.

OPERATIONS: Quality improvement, audits, administration.

**TELEHEALTH & MOBILE CARE**

We may use PHI during telehealth or care coordination within facilities.

**YOUR RIGHTS**

You may request access, corrections, confidential communication, restrictions, a disclosure list, and a copy of this Notice.

**SAFETY MEASURES**

Records are securely stored in Tebra (encrypted). Telehealth is HIPAA-compliant. Devices are secured.

**BREACH NOTIFICATION**

You will be notified if a breach occurs.

**CONTACT INFORMATION**

TopFeet Foot & Wound Care

Phone: 252-275-6326

Fax: 252-275-6327

Email: samantha@topfeetcare.com

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices for TopFeet Foot & Wound Care.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relationship to Patient (if applicable): \_\_\_\_\_

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