DOC ON THE RUN
PODIATRY HOUSE CALLS

DR. CHRISTOPHER SEGLER
FOOT & ANKLE SURGEON
AWARD-WINNING EXPERTISE 24/7
(415) 308-0833

SUMMARY OF NOTICE OF PRIVACY PRACTICES

A detailed Notice of our office Privacy Practices is available upon request. The following summary outlines how our office will protect your health information, your rights as a patient and our common practices in dealing with your health 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 may disclose your health information **without** your written authorization.

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights. As our patient, you have the following rights:

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

If you have a question, concern or complaint regarding our privacy practices, please submit your concerns in writing to:

Dr. Christopher P. Segler
236 West Portal Ave, #332
San Francisco, CA 94127

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ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Electronic commutions have inherent privacy limitiations. If you agree to accept the risks associated with using electronic communications such as email, cell phones, and text messages, please initail and provide the information below.

Please **initial** if you would like to communicate via **email, text messages** or **voicemail:**

_______I authorize Dr. Segler to provide my Health Information via **email**.
I understand and accept the inherent limitation in security associated with email accounts. I authorize receipts and health information to the following **email address(es)**:

____
(enter your preferred email address here)

_______I authorize Dr. Segler to provide my Health Information as a **voicemail** at the following **telephone number**____
(enter your preferred telephone number here)

_______I authorize Dr. Segler to provide my Health Information as **text messages** at the following **cell phone number**_______________________________________
(enter your preferred telephone number here)

____ ________________
Patient Name (please print) Date

____
Patient Signature

____
Parent or Authorized Representative (applicable if patient is a minor)