



Toes On The Go

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Patient Consent for Use & Disclosure of Protected Health Information

In signing this form, you consent to the use and disclosure of your protected health information by Dr. Michele Kraft, our staff, and our business associates strictly for the purpose of treatment, payment, and health care operations.

You acknowledge you have had an opportunity to review our Notice of Privacy Practices prior to signing this consent. We encourage you to review Notice of Privacy Practices carefully. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be required when you are being seen as a patient, by asking our receptionist at the front desk.

You may request that we restrict how we use and disclose your protected health information for the purpose mentioned above. If you would like to request a restriction, please do so in writing. However, we reserve the right to deny your request. If we grant your request, we are bound by the terms of the agreement.

You may also revoke this consent in writing; however, information on any treatment/service provided using this or prior consents may be still used or disclosed for purpose of treatment, payment and health care options.

Signature of Patient or Co-Responsibility of Party

Date

Relationship to Patient/Legal Authority (if applicable): _____

FOR PRACTICE USE ONLY

Failure to obtain consent (check the appropriate reason):

- Indirect Treatment
- Substantial Communication Barrier
- Emergency Treatment
- Refusal to Sign
- Other

Description: _____

Practice Signature

Date

Witness

Date