

Connie Wong, DPM and Ki Sang Yi, DPM Inc
1703 Termino Ave #103, Long Beach, CA 90804
Tel: (562) 597-5100 Fax: (562) 597-5165

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice

Our office respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This Notice describes our privacy practices with respect to your health information. Our privacy practices apply to current and former patients.

Types of Personal and Health Information We Collect

We collect a variety of personal and health information when delivering health care. You provide some of this information, when you initially come into the office (such as address, Social Security Number, and health history). We also receive additional personal and health information (such as eligibility) through our transaction with employers, insurance companies, and other health care providers. We limit the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

How We Protect Personal and Health Information

We treat personal and health information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide services to patients (for example, our billing clerks and medical assistants). These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable law. We meet physical, electronic and procedural security standards to protect personal and health information and maintain internal procedures to promote the integrity and accuracy of that information.

Disclosure of Personal and Health Information

We may share any of the personal and health information we collect (as described above) with our associates as permitted by law. We may also disclose this information to non-associated entities or individuals as permitted or required by law. Non-associates with whom we may disclose information as permitted by law include our attorneys, accountants and auditors, a patient's authorized representative, other health care providers, public health authorities, coroners, medical examiners, and funeral directors, organ donation organizations, Institutional Review Boards for research purposes, third party administrators, insurers, and law enforcement or regulatory authorities. We may also disclose any of the personal and health information we collect (as described above) in order to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you. In addition, in the event that this office is sold or merged with another office, your personal and health information will become the property of the new owner. We do not disclose personal or health information to any other third parties without a patient's request or authorization.

Individual rights to Access & Correct Personal & Health Information

We have procedures for a patient to access the personal and health information we collect, and other than information we collect in connection with, or in anticipation of, a lawsuit or legal claim, we will make this information available to the patient upon written request.

Our goal is to keep our patient information up-to-date and to correct inaccurate information. We have procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. If you believe that any personal or health information we have about is not accurate, please let us know by contacting our Office Manager.

Further Information

The practice reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, the practice is required by law to comply with this notice.

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I have been given or have had the opportunity to take information pertaining to the practices of using and releasing Personal and Health Information obtained and retained by Connie Wong, DPM and Ki Sang Yi, DPM Inc.

I give/do not give (circle one) permission for the any staff member of Connie Wong, DPM and Ki Sang Yi, DPM Inc, to leave a message on my answering machine/voice mail/email.

I have also been given or have had the opportunity to take information pertaining to the General Office Policies.

I give permission for Connie Wong, DPM and Ki Sang Yi, DPM Inc to bill my insurance including Medicare and any primary or secondary insurance companies. I understand that I am financially responsible for all charges whether or not paid by insurance. This includes all services including but not limited to custom orthotics, diabetic shoes, routine foot care, etc. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Patient Name (Print)

Signature of Patient /Guardian/POA

Date Signed