



**Stilwell Foot & Ankle, LLC**

575 RiverGate Ln. #95

Durango, CO 81301

970-259-5303

[www.stilwellfeet.com](http://www.stilwellfeet.com)

## HIPAA

Special care is given by our office to protect your health information. Today the State and Federal laws also attempt to ensure the confidentiality of your very sensitive information.

The Federal Government has published regulations designed to protect the privacy of your health information through **the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. All health information including paperwork, oral communication, and electronic formats are protected by this rule.

### Consent of Disclosure

I hereby give consent to Stilwell Foot and Ankle, LLC/Dr. J. Gregory Stilwell and his office staff to use and disclose my Protected Health Information (**PHI**) for the purposes of Treatment, Payment, and general health care Operations (**TPO**).

I understand that I have the right to review the offices Notice before I sign this consent. I understand further that I have the right to obtain a copy of the offices Notice of Privacy Practices if I so choose; a copy may be obtained by contacting the office at (970) 259-5303; we reserve the right to amend this Notice at any time.

I have the right to request, in writing, restriction on the usage and disclosure of my PHI. I further have the right to cancel this consent in writing except to the extent that Dr. Stilwell has already made disclosures in reliance upon my prior requests.

If this consent is not signed, I understand that Dr. Stilwell may decline to provide treatment to me.

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Printed Patient Name

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Patient/Guardian Signature

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Date