



DC Foot and Ankle
www.dcfootandankle.com

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Summary of Notice of Privacy Practices

This summary is provided by the office of Drs. Sibel, Firestone and Schwartz
to assist you in understanding our Notice of Privacy Practices

Our Notice of Privacy of Practices contains a detailed description of how our office will protect your right as a patient and our common practices in dealing with patient health information. Please ask the receptionist for a copy of our Notice of Privacy of Practices for more detailed information.

Use and Disclosure 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 purpose;
- 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 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

- 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.

If you have a question, concern or a complaint regarding our Privacy Practices, please request a copy of our Notice of Privacy Practices for the person whom you may contact.

Signature of patient or legally responsible adult

Date

By signing this, I acknowledge that the office of Drs. Sibel, Firestone and Schwartz has provided me with a copy of the Notice of Privacy Practices and that I have read and understood the notice.