Orthopaedic Associates, PA

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Spartanburg, SC 29303
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Fax 864-542-2939

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025
Fax 864-721-0035

HIPAA Consent / Authorization of Use & Disclosure of PHI / Notice of Privacy

Patient Name: ___________________________ Date of Birth: __________________

Authorization to Release Medical and Appointment Information
I give my permission to release any of my PHI (Protected Health Information) to the names below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:	Relationship to You:	Type of Info to Release; **(All, Or indicate just Medical, includes previous Medication History, Appt or Financial)**
__________________	___________________	____________________________________
__________________	___________________	____________________________________
__________________	___________________	____________________________________
__________________	___________________	____________________________________

Contact Information
May we contact you and leave information regarding appointments, treatment, as well as other pertinent medical information in the following methods listed below: _____ Yes _____ No

If yes, Check all that apply:

_____ Home Phone _____ Answering Machine _____ Work _____ Mail
_____ Cell _____ Text Message Reminder of Appts. _____ Email

Acknowledgement of Receipt of **Notice of Privacy Practices and Patient's Rights & Responsibilities**
I have received a copy of the Notice of Privacy Practices. The notice provides detailed information of how my health information may be used or disclosed. I have been provided the Patient's & Responsibilities explaining the standards that are required regarding both. I understand I should read both carefully. I am aware that these notices may be changed and a copy of any revised notice can be provided at any time.

Patient / Guardian Signature: ____

Date: ____