Proliance Surgeons, Inc P.S. Proliance Orthopedic Associates

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT

We keep record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct your record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.

Who may we share your information with including financial account information?

Name:_____Relationship:_____

Name:_____Relationship:_____

Authorization to Leave Personal Health Information by Alternate Means

May leave a detailed message on voicemail at (please check all that apply):

____ Home (please list home #) _____

____ Work (please list work #) _____

May leave a detailed message with family or friend
Please list family member(s) or friend(s) below:

Name _____

Phone Number _____

Our Notice of Privacy Practices provides information about how we may use and disclose the medical information that we maintain about you. It also explains how you can access this information. By signing, you acknowledge that you have reviewed the Notice of Privacy Practices of Proliance Surgeons, Inc., P.S.

_____ _____

Signature of Patient or Guardian Date and Time

_____ _____

Patient Printed Name Patient Date of Birth

Effective: April 14, 2003 (Revised: September 23, 2013)