## Consulting Orthopaedic Assoc./Cutting Edge Orthopaedics, LLC

### Acknowledgement

I have read the foregoing Notice of Privacy Practices provided to me by Consulting Ortho/Cutting Edge Ortho and I have been given the opportunity to discuss the privacy practices. I understand that the practice may, at its discretion change the terms and conditions of this notice. Any questions I may have had have been answered to my satisfaction. I understand the content of the Notice of Privacy Practices and I have been provided with a copy of same.

Patient name: _____ DOB: _____

**I wish to be contacted in the following manner (check all that apply):**

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Oral communication:

☐ Home telephone _____ ☐ Work telephone _____

☐ O.K. to leave message with detailed information. ☐ O.K. to leave message with detailed information.

☐ Leave message with call-back number only. ☐ Leave message with call-back number only.

☐ Other _____

Written communication

☐ O.K. to mail to my home address ☐ O.K. to fax to this number _____

☐ O.K. to mail to my work/office address ☐ Other _____

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☐ I permit the Practice to discuss my PHI with, and to disclose my PHI to, the following individuals:

☐ Spouse _____ Phone # _____

☐ Adult child(ren) _____ Phone # _____

☐ My parent(s) _____ Phone # _____

☐ Personal representative _____ Phone # _____

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Patient Signature Date

_____

Print Name Date

If signed by patient's authorized representative, describe the representative's authority:

☐ Patient is a minor; I am the patient's parent and natural guardian.

☐ Patient is a minor; I am the patient's guardian, appointed by the _____ County Juvenile Court.

☐ Patient is a ward; I am the patient's guardian, appointed by the _____ County Probate Court.

☐ The patient is deceased. I am the patient's surviving spouse.

☐ The patient is deceased. I am the executor or administrator of the patient's estate, appointed by the _____ County Probate Court.

☐ I am the patient's attorney in fact, as designated in the patient's Durable Power of Attorney for Health Care.

☐ Other (describe) _____