



## NOTICE OF PRIVACY PRACTICES

Colorado Orthopaedics is very concerned about the protection of your health information. **Federal law** is requiring all physician offices to have a signed privacy statement on file for every patient. In order to serve you we must have an existing Privacy Acknowledgement form on file. This law is intended to protect the privacy of your medical records.

I acknowledge that I have received Colorado Orthopaedics Notice of Privacy Practices, which describes the ways in which the Practice may use and disclose my healthcare information for its treatment, payment, healthcare operations and other described and permitted uses and disclosures. I understand that I may contact the Privacy Officer designated on the notice if I have a question or complaint. I understand that this information may be disclosed electronically by the Provider and/or the Provider’s business associates. To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the Colorado Orthopaedics Notice of Privacy Practices.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCLOSURES

I do,  I do not give permission to leave detailed messages on my Home/Cell Voicemail regarding appointments, instructions for surgery, test results, billing and/or insurance issues or other pertinent information from Colorado Orthopaedics.

I do,  I do not give permission to send detailed messages to my email address regarding appointments, instructions for surgery, test results, billing and/or insurance issues or other pertinent information from Colorado Orthopaedics.

I do,  I do not want to designate a family member or other individual with whom the provider may discuss your medical condition?

I give permission for my Protected Health Information to be disclosed for purposes of communicating results, findings and care decisions to the family members and others listed below:

	Name	Relationship	Contact Number
1			
2			

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_