

SOUTH METRO BONE AND JOINT

PATIENT ACKNOWLEDGEMENT FORM

Patient Acknowledgement of Understanding of South Metro Bone and Joint's Notice of Privacy Practices.

Patient's name: _____ Date of birth: _____

SSN: _____ Previous name: _____

I understand that the patient's health information is private and confidential. I understand the providers at South Metro Bone and Joint work very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that South Metro Bone and Joint may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. [*In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.]

South Metro Bone and Joint may update this Acknowledgement and "Notice of Privacy Practices". If I ask, South Metro Bone and Joint will provide me with the most current "Notice of Privacy Practices".

Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication by specified methods of communications or alternative location.

South Metro Bone and Joint has established procedures that help them meet their obligations to patients. These procedures may include other signature requirements, written acknowledgements, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist South Metro Bone and Joint by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of South Metro Bone and Joint's "Notice of Privacy Practices".

Patient or legally authorized individual signature

Date

Time

Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)