



Authorization to Release Medical Information:

_____ I hereby **authorize** the release of medical information (by telephone, mail or otherwise) by physicians and staff of Advanced Orthopaedics and Sports Medicine to (please list name and relationship)

Name/Relationship

Address/phone number

_____ I **DO NOT authorize** the release of medical information to my family members.

Consent for release of photos/radiographs/videos for website publication:

I hereby give permission to Advanced Orthopaedics and Sports Medicine to photograph, televise, or otherwise illustrate as deemed advisable for diagnostic, educational, or research purposes and to enhance the medical record. I further authorize the use of such audio-visual material (video tape, audio tape, photographs, motion pictures, and other resulting records) for teaching purposes or to illustrate scientific papers or lectures at any time hereafter without inspection or approval, on my part, of the finished product or the specific use to which this material may be applied. I understand that no identifying information will be used

_____ I CONSENT to any or all of the above procedures.

_____ I **DO NOT consent** to the use of any pictures/videos/radiographs obtained during my treatment

Acknowledgement of Receipt of Notice of Privacy Practices

*** You may refuse to sign this acknowledgment***

The federal government requires all medical offices to make patients aware that they have rights regarding the use of their personal health information. Our Notice of Privacy Practices is available for your review at the front desk.

I _____, acknowledge that I was provided access to a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Printed Name _____

DOB _____

Patient Signature _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our notice of privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibiting obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please Specify): _____

If you would like periodic updates from Advanced Orthopaedics and Sports Medicine please provide us your email:

Email address: _____