

SPORTS AND SPINE ORTHOPEDICS

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Notice of Privacy Practices and Patient Consent Form

The Notice of Privacy Practices for Sports and Spine Orthopaedics, provides information about how we may use and disclose protected health information about you. The Notice contains a Patient's Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do we shall honor that agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Portability and Accountability Act of 1996.

How Sports and Spine Orthopaedics can use your information:

We at Sports and Spine Orthopaedics can use and give your information to anyone who is part of taking care of you. This includes different doctors, nurses and therapists. We can also give out information to Medicare or any insurance company, or individual who may be responsible for paying for your care.

We use medical information about you to provide you services. We may use your information to find ways to improve how we can take care of you. Some state or federal laws require us to report certain diseases, abuse and crimes. We may also share information to find programs or services that might help you get better or stay better.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations, including appointment reminders by postcard or messages on an answering machine.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the use of their information but the Practice does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition treatment upon execution of this Consent

You have the following rights:

- To read your records and have copies made. Requests to review and receive copies should be made in writing to Sports and Spine Orthopaedics. If it is a billing record, please contact our billing department. You will get the records to you in 30 to 60 days, depending on where they are stored.
- To ask us to correct information that we have created including encounter notes and billing statements. This request must also be made in writing and sent to our Privacy Officer along with the reason(s) that support your request.
- To know who has seen your information if we have shared it for reasons other than to take care of you and to get paid. This request can also be made by contacting the Privacy Officer.
- To complain to Sports and Spine Orthopaedics through the Manager or the Department of Health and Human Services if you believe we have not followed the law and the Notice of Privacy Practices.

This consent allows the practice to disclose my medical information to the following people:

Please do not disclose my health information to anyone

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Patient Name

Date Signed

Patient Signature