RELEASE OF INFORMATION
TO BE COMPLETED BY PATIENT

Please list the family members, significant others, or other persons, if any, whom we may inform about your general medical condition and your diagnosis. This may also include treatment plan, prognosis, payment information and health care options:

Name______________________________ Relationship____________ Phone______________________

Please list family members, significant others, or other persons, if any, whom we may inform about your medical condition *ONLY IN AN EMERGENCY*:

Name______________________________ Relationship____________ Phone______________________

Please print the telephone number where you want to receive call about your appointments, labs, and x-ray results or other health care information. This may include surgery scheduling information, and post-operative instructions:

Home: _________________________________ Cell: ____________________________________
(I am fully aware that a cell phone is not a secure and private line)

May confidential message (i.e. appointment reminders) be left on your answering machine or voicemail?
Yes______ or No_______

_____________________________________ _____________________________________
Signature of Patient or Legal Guardian **Date**

NOTE: Uses and disclosures of health information may be permitted without prior consent in an emergency.

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PRIVACY PRACTICES ACKNOWLEDGEMENT

NOTE: A copy of our office Privacy Policy is available upon request.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

_____________________________________ _____________________________________
Please Print Patient Name **Date of Birth**

_____________________________________ _____________________________________
Signature of Patient or Legal Guardian **Date**

If not signed by the patient, please indicate relationship:

- o Parent or guardian of minor patient
- o Guardian or conservator of an incompetent patient
- o Beneficiary or personal representative of deceased patient

Name of Patient:____

South County Orthopedic Specialists
949-586-3200