

Name:
DOB:
Chart:
Age/Gender:
Date:



Acknowledgement of Suburban Orthopaedics Policies

ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES

I acknowledge that I received, reviewed or was offered the HIPAA of Privacy Practices of Suburban Orthopaedics.

Initials: _____

ACKNOWLEDGEMENT OF FINANCIAL POLICY

I verify that I have received, reviewed or was offered a copy of Suburban Orthopaedics financial policy.

Initials: _____

DEMOGRAPHICS & MEDICAL HISTORY INFORMATION

I have reviewed the demographic and medical history information. I verify that all the information is current and accurate to my knowledge.

Initials: _____

ACKNOWLEDGEMENT OF RX POLICY

I verify that I have received, reviewed or was offered a copy of Suburban Orthopaedics Rx Policy.

Initials: _____

EMERGENCY CONTACT NAME:

Name: _____

Phone Number: _____

INFORMATION RELEASE

I authorize my private health information to be discussed with the following people, either over the phone or in the office.

Name:

Relationship:

I authorize private health information to be left on a voicemail/answering machine at the following numbers:

Phone Number

Location (home/work/cell)

I verify that I have read all of the above.

Signature: _____

Date: _____