

MAKESTRIDES

# ACKNOWLEDGEMENT OF PATIENT RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Note: Elite Sports Medicine and Orthopaedic Center, PLC will be referred to below as "Practice".**

I have received a copy of the above described Notice of Privacy Practices from the Practice, and I understand the rights of privacy as afforded me therein. Furthermore, I understand that the Practice reserves the right to modify the privacy practices outlined in the notice.

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature of Patient Representative

\_\_\_\_\_  
Relationship to Patient

(\*A signature is required if the patient is either a minor or an adult that is unable to sign this form)

## Consent to Release Information

Medical information and/or Practice confirmation of appointment dates and times will not be given to family members, daycares, schools, coaches, trainers, or others outside of the mandated entities unless authorized by the patient or the patient's legal guardian. (Parents or legal guardians of children under the age of 18 must authorize any outside entities to receive this information.)

Persons having my authorization to receive medical or billing information are:

Name	Relationship	Please Initial Here:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Electronic Recording Devices

Appointment reminders, test results or return of phone call information for other medical necessities may require us to leave our office identification and telephone number on voice mail or answering machines. Medical Information and other sensitive medical information will never be left on these devices. IF YOU WANT US TO LEAVE OUR PRACTICE NAME AND NUMBER, PLEASE SIGN BELOW.

\_\_\_\_\_  
Signature or Signature of Patient's Representative

\_\_\_\_\_  
Date

**NASHVILLE—MIDTOWN**

STH Midtown Medical Plaza II  
2021 Church Street, Suite 200  
Nashville, Tennessee 37203

**NASHVILLE—CENTENNIAL**

Centennial Campus  
356 24th Avenue North, Suite 200  
Nashville, Tennessee 37203

**FRANKLIN—COOL SPRINGS**

Medical Office Building  
7105 South Springs Drive  
Suite 100 and 111  
Franklin, Tennessee 37067

**NASHVILLE—GREEN HILLS**

Green Hills Medical Building  
2001 Woodmont Boulevard  
Nashville, Tennessee 37215

**LEBANON**

Cumberland Skin Building  
107 Glidepath Way  
Lebanon, Tennessee 37090