



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

Middletown Office

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Morganville, New Jersey 07751
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HIPAA/PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

The Orthopaedic Center is very concerned about the protection of your health information. Federal law is requiring all physician offices to have a signed privacy statement on file for every patient. In order to serve you, we must have an existing Privacy Acknowledgement form on file. The law is intended to protect the privacy of your medical records. – Thank you.

I have been given the opportunity to review the Notice of Privacy Practices.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Patient's Personal Representative & Relationship _____

Any and all situations can be discussed with _____

In case of emergency, please contact:

Name: _____

Phone Number: _____

I do, I do not give permission to The Orthopaedic Center to leave detailed messages on my answering machine, mail to my home or fax any information regarding appointments, instructions for surgery, test results, billing and/or insurance issues or other pertinent information.

Fax #: _____

Patient Signature

Date