Orthopaedic Associates, PA

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Duncan, SC 29334
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Authorization and Acknowledgements

I. Authorization to Release Medical and Appointment Information

In the event that you are unable to contact our office and need to have someone other than yourself request medical, financial or appointment information, please list their name below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:	Relationship to You:	Type of Info to Release; (All, Or indicate just Medical, Appt or Financial)
___________________	_____________________	____
___________________	_____________________	____
__________________	_____________________	____

II. Receipt and Acknowledgement of Notice of Privacy Policies

As a part of your healthcare, OA originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among many health professionals who contribute to patient care
- A source of information for applying diagnosis and surgical information to bill
- A means by which third party payers can verify that services billed were actually provided
- A tool for healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the above summary of the Notice of Privacy Policies and am aware that I can ask for a detailed Notice of Privacy Policy detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law.

I understand the contents of the Notice and I request the following restriction(s) (if any) concerning the use of my PHI.
Write "NONE" if there are no restrictions on who can obtain your PHI:
____
____

Patient / Guardian Signature: ____

Date: ____