David N. Buchalter, M.D.
SPORTS MEDICINE
JOINT RECONSTRUCTION
ARTHROSCOPIC SURGERY

Steve Meadows, M.D.
SHOULDER/ELBOW SURGERY
WRIST/HAND SURGERY
FRACTURE REPAIR/
RECONSTRUCTION

Russell D. Weisz, M.D.
ORTHOPEDIC SURGERY
TRAUMA/FRACTURE SURGERY
POST-TRAUMATIC
RECONSTRUCTION

Jonathan M. Tarrash, M.D.
PHYSICAL MEDICINE &
PAIN MANAGEMENT

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Patient Name: ____

Date of Birth: ________ **Social Security #:** ___________________

By signing this form, you acknowledge that we have provided you with our Notice of Privacy Practices which explains how your health information may be handled in various situations including your treatment, payment of your bill, and our healthcare operations. We must try to obtain your written ACKNOWLEDGMENT on your first date of service after April 14, 2003. If your first date of service with us was due to an emergency, we must try to provide you with our Notice and get your written ACKNOWLEDGMENT for the Notice as soon as we can once the emergency has passed.

I wish to be contacted in the following manner: ☐ home phone, ☐ work phone, ☐ cell phone, ☐ email

( ) I have received the Notice of Privacy Practices (effective date__________)

____ ________________________

Patient's (or Legal Representative's Signature) **Date**

____

Relationship of Legal Representative

The physicians and staff of South Palm Orthopedics respect your privacy and wish to make all reasonable attempts to respect your wishes regarding your confidential information. With that in mind, please indicate your preferences for the areas noted below.

Other individuals (Family, friends, etc.) you may speak with about the following:

☐ My Care or treatment **☐ My bill**

Name **Relationship**

____________________________________ ____________________________________

____________________________________ ____________________________________

Patient Signature **Date**

For office use only

To be completed only if ACKNOWLEDGMENT is not signed.

1) Was the patient given a copy of the Notice of Privacy Practices?
( ) Yes ( ) No

2) Please explain why the patient was unable to sign this ACKNOWLEDGEMENT in our efforts in trying to obtain the patient's signature:

____