



**Notice of Privacy Practices
Written Acknowledgement Form**

Our Notice of Privacy Practices provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change in accordance with Federal regulations. A current copy may be obtained by requesting a copy or by viewing the notice on our web site at: <http://www.weoc.com>.

You have the right to request that we restrict how Protected Health Information (PHI) about you is used or disclosed. We are not required to agree to this restriction, but if we do, we are bound by our agreement. Any request to restrict our use of your information must be done in writing to our practice Privacy Officer.

West End Orthopaedic Clinic intends to use and disclose the minimum necessary PHI about you for treatment, payment or health care operations. Other uses and disclosures not described as permitted in our Notice of Privacy Practices will require a current signed and dated authorization from you or your legal appointed representative.

I, _____ *(Please print patient name)*
have been provided a copy of the Notice of Privacy Practices for West End Orthopaedic Clinic.

I understand that I may ask questions to West End Orthopaedic Clinic staff if I do not understand any information contained in the Notice of Privacy Practices.

Patient Signature

Date

If patient is a minor or is unable to sign:

Authorized Representative

Relationship to Patient

Disclosures to Family Members and Friends

Place on left side of patient chart, with HIPAA related documents.

It has been explained to me that disclosures may be made to family and friends related to the patient's health or as needed for payment of health care services. I have explained that we will only disclose information relevant to current treatment. Our patient has agreed that we may disclose health care information to: (check all that apply)

In person with patient	By phone	Person	Name
		SPOUSE	
		PARENT(S)	
		SIBLING(S)	
		ADULT CHILD(REN)	
		Other: list relationship	

Staff will not make disclosures to any person(s) not listed above.

Any disclosures made by staff to the above listed individuals will be documented in the patient record in summary format detailing the date of disclosure, the person to whom information was discussed, a brief note about what was discussed and the employee name and title making the disclosure.

Patient Signature

Date