

Central Jersey Orthopaedic Specialist, P.A.

Notice of Privacy Policies

At Central Jersey Orthopaedic Specialist, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective October 1, 2002, and applies to all protected health information as defined by federal regulations.

*I have received Central Jersey Orthopaedic Specialist, P.A. notice of Privacy Policies.*

\_\_\_\_\_  
Patient/Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Patient Contact Permission

This information will allow us to contact you in regards to all medical results, inquiries and office/medical related issues.

Please list telephone numbers that we may use to contact you:

- 1. \_\_\_\_\_ (Home/Work/Cell) Leave Message: Y/N
- 2. \_\_\_\_\_ (Home/Work/Cell) Leave Message: Y/N
- 3. \_\_\_\_\_ (Home/Work/Cell) Leave Message: Y/N

**Short term release of information for Today's Visit Only / /**

Please list the names of any persons to whom you give us permission to discuss anything concerning your medical & financial status (i.e. relative, spouse, partner, friend)

**IF THE NAME IS NOT LISTED WE WILL NOT DISCUSS OR RELEASE ANY INFORMATION**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship (if not patient) \_\_\_\_\_