



Barrington Orthopedic Specialists

HIPAA / RELEASE OF INFORMATION FORM

ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES

I acknowledge that I received, reviewed or was offered the HIPAA Notice of Privacy Practices of Barrington Orthopedic Specialists. (v. 1/07)

Initials: _____

DEMOGRAPHIC & MEDICAL HISTORY INFORMATION

I have reviewed the demographic and medical history information as it was entered into my electronic record. I verify that all the information is current and accurate to my knowledge.

Initials: _____

EMERGENCY CONTACT NAME

Name: _____

Phone Number: _____

INFORMATION RELEASE

I authorize my private health information to be discussed with the following people, either over the phone or in the office:

Name

Relationship

I authorize private health information to be left on a voicemail/answering machine at the following numbers:

Phone Number

Location (home/work/cell)

I verify that all the demographic and medical history information I have reviewed is current and correct. I have received all information regarding Barrington Orthopedic Specialists policies and practices.

Signature: _____

Date: _____