



GOLDEN STATE ORTHOPEDICS & SPINE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received a copy of the GSOS Notice of Privacy Practices. I understand that GSOS has the right to change its Notice of Privacy Practices from time to time and that I may contact GSOS at any time to obtain a current copy of the Notice of Privacy Practices.

Signature of Patient/Guardian: _____ Date: _____

Relationship to Patient: _____ Patient's Date of Birth: _____

Protected Health Information (PHI) Release Authorization

Persons who are involved in your care (spouse, children, friends, etc.) may inquire about your treatment, appointments, lab results, prescriptions, billing, medical records, x-rays, etc. Please list the individuals who we may share your PHI with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

** Please note that GSOS will only release PHI to the individuals listed above **

PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

Your confidential healthcare information may be released to other healthcare professionals or other treating physicians for the purpose of providing you with quality healthcare.

Your confidential healthcare information may be released to your insurance carrier and/or treating vendor for the purpose of the practice receiving payment for providing you with needed healthcare services. If you pay out of pocket and in full for a health care item or service, then you have the right to restrict certain disclosures of your protected healthcare information to your health insurance. Ask us how to do this.

Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.

Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.

Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).

Your confidential healthcare information may be released to certain parties only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.

You may be contacted by Golden State Orthopedics & Spine to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone.