LAKE COOK
ORTHOPEDICS

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT/ PHONE MESSAGE AND CONTACT AUTHORIZATION

Patient Name: ____ **Date of birth:** ___________________________

The **Notice of Privacy Practice (NPP)** tells you how we may use and share your health records. It also describes your rights with respect to your health records. Please read the entire NPP carefully. We will use and share your health records to: treat you and to bill you for the services we provide; to run our business and as required/allowed by law.

Under HIPPA, the law requires you to sign this page acknowledging that you had the opportunity to read and receive a copy of the NPP.

Signature of Patient: ____ Date: ____________________________

Signature of Authorized Representative: ____ Date: ___________________

Name of Authorized Representative: ____ Relationship: _______________

Phone message and contact authorization:

Do the physicians and staff of LAKE COOK ORTHOPEDIC ASSOCIATES have your permission to leave messages containing medical and/or financial information on your voicemail? Please circle/fill in below.

At home Y N** **At work** Y N **On cell** Y N**

Even if you check N for no, the date, time and location of appointments will be left on your voicemail.

The individual(s) mentioned below will be your additional contacts**. I give authorization to the doctors and staff of Lake Cook Orthopedics to discuss my medical and/or financial information with the following people:**

	Name	Relationship	Phone #
1.	_____________________________________	____________________________	___________________________
2 .	_____________________________________	_____________________________	___________________________
3 .	_____________________________________	_____________________________	___________________________

I understand that is my responsibility to inform Lake Cook Orthopedics of any desired changes in this authorization.

NOTE: THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF SIGNATURE.

Signature: ____ Date: _________________________