

Upper Bucks Orthopaedic Association

HIPAA Acknowledgement Form

I, _____, DOB: _____, understand that as part of my health care, UBOA originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill,
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I further understand that UBO reserves the right to change their notice and practices in accordance with Section 164.520 and 164.506 of the Code of Federal Regulations.

Please list the individual(s) with whom we may discuss your medical information:

Please list the individual(s) with whom we may discuss your billing statement/payment arrangement:

Upper Bucks Orthopaedics reserves the right to leave voice mail messages on documented telephone numbers listed (this includes cell phones) in your medical record unless stated below:

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures.

Signature of Patient (or Patient's Legal Representative)

Date

Personal Representative Information (if applicable)

Name of Personal Representative

Relationship to Patient (or other authority)

This information stands indefinitely unless you notify Upper Bucks Orthopaedics otherwise.