

**Performance Orthopaedics & Sports Medicine**

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**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF HEALTH INFORMATION PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and how your medical information can be used by our staff in providing and arranging your medical care.

*Performance Orthopaedics & Sports Medicine* is furnishing you with the attached notice, which provides information about how we may use and/or disclose protected health information about you for treatment, payment, health care operations and as otherwise allowed by law.

HIPAA Effective Date of Notice  
April 14, 2003

**HIPAA Privacy Act Information Release Form**

Please mark below for release of information concerning your healthcare:

Release Information ONLY to me:  Yes  No

Release of Information to Spouse:  Yes  No

Spouse's Name: \_\_\_\_\_

Release of Information to Other Individual:  Yes  No

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

May we leave detailed information on your cell phone?  Yes  No

May we leave detailed information on your home answering machine?  Yes  No

May we send appointment reminders via email?  Yes  No

Email address: \_\_\_\_\_

**By signing this form, you acknowledge that you have received a copy of *Performance Orthopaedics & Sports Medicine* of Health Information Practices and have provided instructions regarding release of your individual healthcare information.**

\_\_\_\_\_  
Signature of Patient, Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name