

**The Center For Orthopedic Care
215 Union Avenue Suite B
Bridgewater, NJ 08807
908-685-8500**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Signature _____ Date _____

Authorization To Disclose Protected Health Information

Information to be Used or Disclosed

Persons to Whom Information May Be Disclosed

Name: _____ Relationship: _____

Name of Patient _____

Signature of Patient or Patients Representative:

_____ Date _____

—
