

Acknowledgement of our Notice of Privacy Practices and Consent to Obtain Prescription History

I agree that California Orthopedics and Spine may request and use my prescription medication history from other healthcare providers or third-party pharmacy benefit payors for treatment purposes.

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of California Orthopedics & Spine Notice of Privacy Practices. (A laminated copy is available at the front desk. Additionally, I may request a hard copy at any time.) By signing below, I am giving acknowledgement that I have received or have had the opportunity to receive the Notice of Privacy Practices. I am also authorizing you to release and or discuss my Health Care Information with the following persons:

Name

Relationship

Name

Relationship

Patient Name

Date

Signature