

**OrthoWest, P.C.**

Orthopaedic Surgery & Sports Medicine

Notice of Health Information Practices

Notice of Privacy Policies

**Acknowledgement of Understanding Statement**

I, \_\_\_\_\_, have had access to the OrthoWest, PC  
Notice of Privacy Policies.  
Please Print

I understand:

Each time I visit OrthoWest, a record of my visit is made. Typically, this record contains my symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as my health or medical record, serves as:

- Basis for planning my care and treatment,
- Means of communication among the many health professionals who contribute to my care,
- Legal document describing the care I received,
- Means by which I or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for OrthoWest’s planning and marketing,
- A tool which OrthoWest can assess and continually work to improve the care rendered and the outcomes achieved.

I understand that OrthoWest is only allowed to release medical information to the individual patient with the exception of minors, Worker Compensation cases, and any patient signing a consent form giving permission to another individual to access his/her medical records. This includes picking up medication, prescriptions, DME products and x-rays. I give permission to the following individual/s to have access to this information. Proof of ID must be shown any time information is received.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

I can change this information at anytime by notifying OrthoWest, in writing, of the changes.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date