

Far Oaks Orthopedists, Inc.

**PATIENT AUTHORIZATION FOR PERSONAL REPRESENTATIVE AND NOTICE OF PRIVACY PRACTICES FORM**

Please print all information, then sign and date form at the bottom.

**This authorization will remain in effect until terminated by you or another individual (s) of legal entity authorized to do so by court order or law.**

**PATIENT NAME:** (please print) \_\_\_\_\_

I authorize *Far Oaks Orthopedists, Inc.* to disclose or provide my protected health information to the following individual(s) who is (are) authorized to act as my personal representative for the purposes of receiving all health information about myself. As my designated personal representative(s), they may exercise my right to inspect, copy, and correct my health information (including treatment, payment, and health care operations).

NAME OF PERSONAL REPRESENTATIVE RELATIONSHIP TO PATIENT PHONE NUMBER: CELL HOME WORK

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\* Unless otherwise stated all correspondence will be sent to your home address listed on the patient information sheet.

**REDISCLASURE:** We have no control over the person(s) you have listed as your personal representative(s). Therefore, your health information disclosed under this authorization will no longer be protected by the Privacy Rule and will no longer be the responsibility of Far Oaks Orthopedists, Inc.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**RIGHT TO REVOKE OR TERMINATE:** Please refer to our Notice of Privacy Practices.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature Print Name Date

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

a Individual refused to sign. C Communication barrier prohibited. a Emergency situation prevented.

C Other (Please specify) \_\_\_\_\_

**\*\*\* PLEASE SIGN AND DATE HERE IF YOU REFUSE TO COMPLETE THIS FORM.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date