

Sports Medicine Clinic of Tampa
Orthopaedic Surgery/Sports Medicine
3006 W. Azeele Street
Tampa, Fl. 33609-3139
(813) 874-3006

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations
- I HAVE RECEIVED A COPY OF THE PRACTICE'S NOTICE OF PRIVACY PRACTICES.
- The Practice reserves the right to change the Notice of Privacy Policies
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- The Practice may condition treatment upon the execution of this Consent.

Signature

This Consent was signed by: _____
Printed Name – Patient or Representative

Relationship to Patient (if other than patient): _____

Date: ___ / ___ / ___

Witness _____
Printed name – Practice representative

Date: ___ / ___ / ___