



Makefield Orthopaedics, PC

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Release for Communication of Personal Medical Information

Please help us honor your preferences for communicating with you by choosing among the following options. Of course, highly sensitive information regarding mental health, substance abuse, sexually transmitted diseases, pregnancy and HIV will be discussed only with the patient.

Please **initial** any that apply:

_____ I wish my medical information to be given directly to **me**, the patient, **only**. Phone messages will be limited to appointment reminders and requests to call this office back.

OR

_____ I authorize Makefield Orthopaedics, PC to leave medical information on my home answering machine / phone mail

Phone #: _____

_____ I authorize Makefield Orthopaedics, PC to leave medical information on my work / office answering machine / phone mail

Phone #: _____

_____ I authorize Makefield Orthopaedics, PC to leave medical information and discuss my healthcare with the following individuals:

List: _____

I acknowledge that it is my responsibility to revoke or revise this permission by written notice as needed.

Patient's name: _____

Date of Birth: _____

Signed: _____

On this Date: _____

(SEE REVERSE SIDE)

**NOTICE OF PRIVACY PRACTICE
MAKEFIELD ORTHOPAEDICS, PC
ACKNOWLEDGMENT OF RECEIPT**

Effective date: April 13, 2003

We are dedicated to the highest ethical standards and committed to maintaining the privacy of your health information. We are required by law to provide you with notice of our practice's privacy policies with respect to your Protected Health Care Information.

Your Protected Health Information is any information that individually identifies you and relates to your past, present and future physical and mental health, the provision of healthcare to you and payment for healthcare provided to you.

Our Use and Disclosure of your protected health information:

- To other healthcare professionals for coordination of medical treatment
- Reportable health information to the Department of Health as required by law
- Lawsuits and similar proceedings in direct response to a court order
- For Worker's Compensation and similar programs
- To seek payment from your health plan

Your Identity may also be revealed when:

- We use sign in sheets in the waiting room
- We may announce your name when it is time for your visit
- We may call and leave an appointment reminder message
- We may call and leave a message asking you to return our call
- We may call and leave medical information on your voice mail with your written permission
- We may call and leave medical information and/or discuss your health care with individuals for whom you have given us written consent

You have certain privacy rights to include:

- Request additional restrictions on use and disclosure of your protected health information
- Receive your medical information only at a certain location or by a certain method
- Request inspection or copy of medical records
- Right to amend or submit corrections of your protected health information, submitting request in writing
- Right to request a listing of who has received your protected health information effective 4/13/03
- Right to have a printed copy of our privacy notice

As permitted by law, we reserve the right to amend or modify our privacy policies and practices and adhere to changes in federal and state regulations. You have the right to submit a written complaint if you believe your privacy has been violated, addressing it to our office c/o Privacy Officer.

I hereby acknowledge that I have been offered and/or presented with a copy of Makefield Orthopaedics, PC's Notice of Privacy Practice. Our Notice of Privacy Practice provides more detailed information about how we manage and disclose this protected information. We encourage you to read it in full.

Patient Name _____ Date _____
Please Print Name

Patient Signature _____

Guardian Signature _____