

Receipt of Notice of HIPAA Privacy Practices

Pursuant to HIPAA requirements, Connecticut Orthopaedics, P.C. staff will not disclose or discuss patient medical/billing information with others. This includes spouse and parents of children over 18 years of age unless authorized by the patient.

I hereby authorize Connecticut Orthopaedics, P.C. to communicate and furnish any and all of my medical/billing information to the person(s) or organization named.

My signature below acknowledges I have received the Notice of Use and Disclosure of Protected Information. I understand this notice and have had the opportunity to ask questions regarding any concerns. I hereby authorize the release of information to others as needed for Connecticut Orthopaedics, P.C. payment.

By supplying my home phone number, mobile phone number, email address and any other personal contact information, I authorize Connecticut Orthopaedics to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of ONLY notifying me of a pending appointment, missed appointment, overdue wellness visit, or any other reasonable healthcare-related communication.

Connecticut Orthopaedics, P.C.