SPECIALTY ORTHOPAEDICS, PSC

SO-48 (Rev. 3-31-03)

PRIVACY CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to Specialty Orthopaedics, P.S.C. using or disclosing my protected health information for the purpose of providing treatment to me, obtaining payment for health care services rendered to me or to carry out the Practice's health care operations.

I understand that Specialty Orthopaedics, P.S.C. may condition its diagnosis or treatment to me upon my consent to allow its use or disclosure of my protected health information.

I have been provided a copy of the uses and disclosures of protected health information and acknowledge to my right to receive and review the Notice of Privacy Practices, prior to signing this consent. Specialty Orthopaedics, P.S.C. reserves the right to change the privacy practices outlines in the Notice of Privacy Practices. I may obtain a revised copy by submitting a written request.

I understand that I have the right to request restrictions on how Specialty Orthopaedics, P.S.C. uses and disclosures of my protected health information for treatment, payment or the health care operations. Specialty Orthopaedics, P.S.C. is not required to agree to any restriction, but if it does, the restriction is binding.

I have the right to revoke this consent in writing except to the extent that Specialty Orthopaedics, P.S.C. has taken action in reliance on this consent.

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Signature of Patient or Personal Representative **Date**

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Name (print) of Patient or Personal Representative

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Description of Representative's Authority (e.g.; parent, guardian, etc.)