ADVANCED ORTHOPEDIC & SPINE CARE

6701 W. 95th St.
Oak Lawn, IL 60453
Phone: 708-599-5000
Fax: 708-599-0801
www.advancedorthospine.com

Patient Registration Packet

Notice of Privacy Practices Acknowledgement/Phone Message and Contact Authorization

Patient Name: _____ MR # _____ Date of Birth: _____

The **Notice of Privacy Practice (NPP)** tells you how we may use and share your health records. It also describes your rights with respect to your health records. **Please read it.**

- We will use and share your health records to treat you and to bill you for the services we provide.
- We will use and share your health records to run our business.
- We will use and share your health records as required by law.

I understand that the NPP is available on the Advanced Orthopedic & Spine Care website (www.advancedorthospine.com) and at my physician's office. **I acknowledge receipt of the AOS Notice of Privacy Practices (NPP).**

Signature of Patient: _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

Name of Authorized Representative: _____ Relationship: _____

Phone Message and Contact Authorization: Please CHECK the appropriate answer below:

Do the physicians and staff of Advanced Orthopedic & Spine Care have your permission to leave messages containing medical and/or financial information on your answering machine?

At home _____ Yes _____ No*

At work _____ Yes _____ No*

* IF YOU CHECK "NO", THE DATE, TIME AND LOCATION OF APPOINTMENTS WILL BE LEFT ON YOUR ANSWERING MACHINE.

The individual(s) named below will also be your emergency contact(s) unless you specify otherwise. Please complete below: ***I give authorization to the doctors and staff of Advanced Orthopedic & Spine Care to discuss my medical and/or financial information with the following people:***

	Name	Relationship	Phone
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

I understand that it is my responsibility to inform AOS of any desired changes in this authorization.

Note: This authorization expires one year after the date of signature.

Signature: _____ Date: _____