Garey Orthopedic Medical Group
255 E. Bonita Ave. Bldg. 1, Suite 101, Pomona Ca 91767
Ph (909) 593-7437 / Fax (909) 593-0318

Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment. We appreciate patient's feedback, and may use your information to request your feedback on your experience.

***MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR/FACILITIES IN THE FUTURE*.**

☐ I would like to receive a copy of any amended Notice of Privacy Practices by email at:

_____

We greatly appreciate any and all feedback from patients regarding our services.

☐ I decline to receive a request for feedback via text/email. I understand that if I do receive any communication that I will have the opportunity to unsubscribe from any and all communication from the practice.

_____

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION:

(This includes stepparents, grandparents, and any care takers who can have access to this patient's record).

Name: _____ **Relationship:** _____ **Phone:**_____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Signed: _____ **Telephone:** _____

Print Patient Name: _____ **Date:** _____

If not signed by the patient, please indicate relationship:

☐ Parent or guardian of minor patient
☐ Guardian or conservator of an incompetent patient

Name and Address of Patient: _____

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