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 recreation area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

***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:

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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: ____