



TALLGRASS
ORTHOPEDIC &
SPORTS MEDICINE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the **Tallgrass Orthopedic & Sports Medicine Notice of Privacy Practices**. My signature below indicates only that I have received the Notice, not that I have read it or agree with its contents.

Notice of Non Discrimination:

Tallgrass Orthopedic & Sports Medicine complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Notice of Translation Assistance:

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-785-233-7491 (TTY: 1-785-233-7491).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-785-233-7491 (TTY: 1-785-233-7491).

 Patient Name Printed

 Patient Date of Birth

 Patient Social Security #

 Date

 Signature of Patient or Patient's Representative

 Printed Name of Patient's Representative

 Relationship to Patient

EMERGENCY CONTACT INFORMATION

Person Not Living with Patient: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

PERMISSION TO DISCLOSE INFORMATION TO THOSE INVOLVED IN MY CARE

I hereby allow Tallgrass Orthopedic & Sports Medicine to disclose the following protected health information:

___ Appointment Date & Times

___ Test results

___ Account Information

___ Other Health Information

To the following people:

___ Spouse Name(s): _____

___ Child Name(s): _____

___ Parent Name(s): _____

___ Friend Name(s): _____

___ Other Name(s): _____

By the following forms of communication:

___ Telephone _____ Voice Messaging System _____ Fax

___ Other Describe: _____

 Date

 Signature of Patient or Patient's Representative