

Southern Bone & Joint Specialists  
Patient Consent to the Use and Disclosure of Health  
Information for Treatment, Payment or Healthcare Operations

I, \_\_\_\_\_ understand that as part of my healthcare, Southern Bone & Joint Specialists originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care of treatment.

I understand and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures.

\_\_\_\_\_  
Patient or Guardian's Signature

\_\_\_\_\_  
Date

Please list below the names of any individuals who we may disclose any medical and/or account billing information on your behalf. These people will be allowed to act as your personal representative.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____