



Michael L. Gross, M.D.
Chief, Sports Medicine Service
Hackensack Univ. Medical Center
Board Certified Orthopedic Surgery
and Sports Medicine

James C. Natalicchio, M.D.
Fellowship trained Interventional Spine Care
Board Certified Physical Medicine
and Sports Medicine

Oscar Vazquez, M.D.
Fellowship trained Sports Medicine
Shoulder and Elbow Surgery

Steven B. Weinfeld, M.D.
Chief, Foot and Ankle Service
Mount Sinai Medical Center
Associate Professor
Mount Sinai School of Medicine

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among multiple healthcare providers that may be involved in my treatment directly and/or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice or Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice from time to time and that I may contact them at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may also request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions. I understand that request to forward my medical records to another treating physician other than my primary care physician must be made in writing.

Patient Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

PLEASE SIGN XRAY ACKNOWLEDGMENT ON REVERSE SIDE