

Garey Orthopedic Medical Group
2776 N. Garey Ave, Pomona Ca 91767, 7777 Milliken Ave Ste 101 Rancho Cucamonga Ca 91730
Ph (909) 593-7437/ Fax (909) 593-0318
Lisa Bailey
Administrator Privacy Officer

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. **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 e-mail at:

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

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: _____

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION: *(This includes step parents, grandparents, and any care takers who can have access to this patient's record)*

Name: _____ Relationship: _____

Name: _____ Relationship: _____