



Garey Orthopedic Medical Group
255 E. Bonita Ave. Bldg. 1, Suite 101, Pomona Ca 91767
7777 Milliken Ave. Suite 101, Rancho Cucamonga Ca 91730
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:

Signed: _____

Date: _____

Print Patient 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:** _____ **Phone** _____

Name: _____ **Relationship:** _____ **Phone** _____