

# CHATTANOOGA BONE & JOINT SURGEONS, PC

Specialists in Orthopaedic Surgery and Sports Medicine

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## PATIENT COMMUNICATIONS

It is the policy of this office not to release confidential medical information regarding the treatment of any patient without the express written authorization of patient, as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). If medical information is to be provided to other family members, friends, caretakers, etc., please list below. By signing below you authorize Chattanooga Bone & Joint to release medical information to the parties provided to Chattanooga Bone & Joint at your discretion. The patient reserves the right to revoke authorization at any time. Personal health information may be subject to re-disclosure by recipient, and therefore may no longer be protected by this authorization. This authorization shall remain in effect until otherwise revised with a new release form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_