

Badia Hand to Shoulder Center

3650 NW 82nd Avenue, Suite 103
Doral, FL 33166
Phone: (305) 227-4263 Fax: (305) 537-7222

Acknowledgement of Privacy Practices

I hereby acknowledge that I have received a copy of Badia Hand to Shoulder Center Notice of Privacy Practices as required by federal law.

_____ Date _____ Patient Signature

Reason Patient / Personal Representative failed to sign:

_____ Staff Signature

Patient Consent for use and disclosure of Protected Health Information

Patient Name: _____ Date of Consent: _____

I authorize the office of Badia Hand to Shoulder Center to disclose protected health information to the following:

Name and relationship of person(s) authorized to receive information:

Please circle one:

I **do** **do not** authorize the office of Badia Hand to Shoulder Center to leave telephone messages regarding my protected health information on the voicemail or answering machine.

_____ Patient Signature

_____ Date of Authorization