Clinical Practice Division: Orthopaedic Clinic

James A. Shapiro, M.D Jenny Flaherty, PA-C. Karla Love, PA-C

6308 Eighth Avenue, Suite 1020 ■ Kenosha, WI 53143 ■ P: (262) 656-3150 ■ F: (262) 656-3175

Website: www.uhsi.org

I, ________________________, acknowledge that I have received the written Notice of Privacy Practices
Patient Name

This form MUST be filled out NEATLY & COMPLETELY or it will be considered VOID.

________________________________ ________________________________
Patient or Personal Representative Signature Date

____
If Personal Representative, describe relationship

- The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

I wish to be contacted in the following manner (check all that apply):

- Home Telephone: ________________________________
  - Leave message with detailed information
  - Leave message with call back number only
- Work Telephone: ________________________________
  - Leave message with detailed information
  - Leave message with call back number only
- Written Communication
  - Can mail to Home address
  - Can mail to Work address
  - Can fax to this number: ________________________________

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL PATIENTS

- I consent to have my personal health information disclosed to my:
  - Spouse: ___________________________ Phone#: ____________ D.O.B. ________
  - Parent: ___________________________ Phone#: ____________ D.O.B. ________
  - Parent: ___________________________ Phone#: ____________ D.O.B. ________
  - Other: ___________________________ Phone#: ____________ D.O.B. ________
  - Other: ___________________________ Phone#: ____________ D.O.B. ________

  - My personal health information should not be disclosed to any person other than myself.

________________________________ ________________________________
Patient Signature Date

________________________________ ________________________________
Printed Name Birthdate