SOUTHERN BONE &
JOINT SPECIALISTS

RELEASE OF MEDICAL INFORMATION & ACKNOWLEDGEMENT OF PRIVACY PRACTICES

In order to protect the privacy and security of individual health information, Southern Bone & Joint Specialists is complying with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule. Our **Notice of Privacy Practices** is included in this packet.

Be sure to sign and return this form along with your physical form in order for your physical exam to be done.

RELEASE OF MEDICAL INFORMATION:

I_____understand that participation in a sports program is a privilege. Along with the participation, there is adherent danger and possibilities of injury. In the event of an injury or any recognition of abnormalities found within the physical exam, I authorize Southern Bone & Joint Specialists to discuss my condition with other medical professionals involved with the treatment of my condition including referring physicians. I understand that my condition may also need to be discussed with my school officials.

Communication from Southern Bone & Joint Specialists will be with the student, their family or guardian and if necessary any of the following: School Athletic Director, Head Sports Coach, Assistant Coaches, school insurance coordinator, the Principal, Primary Care Physician, Pediatrician and Referring Physicians.

It is not the practice of Southern Bone & Joint Specialists, to release individual health information to the media on any sports injury or health status. All such inquiries will be referred to the school or Head Sports Coach.

I acknowledge and agree with the above stated paragraphs and the **Notice of Privacy Practices** included in this packet.

_____ Print Name of Student

_____ Parent Signature

_____ Student Signature

_____ Date

Please list below the names of any individuals who we may disclose any medical and/or account billing information on your behalf. These people will be allowed to act as your personal representative.

NAME	RELATIONSHIP