



**PRIVACY NOTICE ACKNOWLEDGEMENT**

I acknowledge that the Resurgens Privacy Notice Revision Date, August 5, 2013 has been made available to me. A paper copy of this Notice will be provided at my request. This Notice is also displayed in the waiting room and on the Resurgens' website [www.resurgens.com](http://www.resurgens.com). Initials: \_\_\_\_\_

MRN:

**Authorization to Release Protected Health Information**

I, \_\_\_\_\_, hereby authorized Resurgens Orthopaedics to release my protected health information to the following: (Please check and provide the NAME or specific entities to who your protected health information may be given.)

Family members or friends: (please give names) \_\_\_\_\_

School or Employer: (list names of school/coach/employer) \_\_\_\_\_

Other: \_\_\_\_\_

Initials: \_\_\_\_\_

This authorization shall be in effect (please check one).

no expiration date  expiration date of \_\_\_\_\_

\_\_\_\_\_  
Patient or Personal Representative's Name Printed

**X** \_\_\_\_\_  
Patient or Personal Representative's Signature

\_\_\_\_\_  
Date

**Office Use - Documentation of Good Faith Effort**

The patient identified above was made aware of the availability of the Privacy Notice on this date. A good faith effort has been to obtain a written acknowledgement of this. However, acknowledgement has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgement

Patient was unable because: \_\_\_\_\_

There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical

Other reason, describe: \_\_\_\_\_

\_\_\_\_\_  
Resurgens Employee Printed Name and Signature