



HEIDEN ORTHOPAEDICS

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ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I understand that Heiden Orthopaedics will only use my personal health information in the following ways:

- 1) Treatment
- 2) Payment
- 3) Health Care Operation

Heiden Orthopaedic's will not release my medical information to individuals without a signed release form.

If I have further questions, I may receive a copy of Heiden Orthopaedic's Notice of Privacy Practices.

Name of Patient _____ Date _____

Patient Email Address _____

Signature of Patient _____

*** PAYMENT IS DUE AT TIME OF SERVICE ***
*** PLEASE BRING INSURANCE CARDS TO THE FRONT DESK ***