



# NON-SURGICAL ORTHOPAEDICS, P.C.

*Specializing in Spine Care & Pain Management*

**Non-Surgical Orthopaedics, P.C.  
Center for Spine Procedures, P.C**  
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## Patient Contact Release

Dear Patient,

HIPAA law protects the use and disclosure of all patient information in their files. In order for us to contact you and remind you of appointments, discuss any financial matters or even speak with your family, we need authorization on file from you. Please review the situations below in which we use your information to contact you.

- \* Re-Schedule or remind you of an appointment.
- \* Obtain or update insurance information on file.
- \* Discuss or inform you of any financial arrangements, benefits, or account issues.

By signing below, you are authorizing our office the use of your medical file in order to discuss the aforementioned. In the event that you are not available to discuss these matters, you are further authorizing us the use of email, patient portal or your voicemail or answering devise to relay any of this necessary information. Please write below any other family member with which you are authorizing us to leave a message with relating to the above if you are not available. Under HIPAA law, you may change your authorization by notifying our office in writing.

Other family members we may speak with:

<u>Name</u>	<u>Relationship</u>	<u>Contact Info (Phone, email)</u>

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date