

Connecticut Center for Orthopedic Surgery, LLC

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860-649-CCOS (2267) Fax 860-288-2107

I have been notified of the **Notice to Privacy Practices** and have been provided and opportunity to review it.

Name (Print) _____ Date _____

Birth date _____ Relationship Patient Parent

Disclosure

In general, the HIPPA privacy rule gives individuals the right to request a restriction of their personal health information. The individual is also provided the right to request confidential communication or that communication be made by alternative means.

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

Home

- OK to leave a detailed message on answering machine
- OK to leave a detailed message with person answering the phone
- May leave a call back number **only**

Work

- OK to leave a detailed message on voicemail
- OK to identify that we are a doctor's office
- May leave a call back number **only**

Written Communication

- OK to mail to home address
- OK to mail to my work / office
- OK to fax to this number _____

The office has my permission to speak with the following person(s) regarding my health care in this office.

Your signature _____ Date _____