

# The Shoulder Clinic of Idaho, PLLC

**Information Privacy:** The Shoulder Clinic will use & disclose your personal health information to treat you, to receive payment for the care we provide, and for other healthcare operations. Healthcare operations we perform usually include those activities to improve your quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal protected health information. The terms of the notice may change with time and we will always have the most current notice in our office available for distribution. The undersigned acknowledges receipt of this information:

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

What is the *Notice of Privacy Practices*?

The Notice of Privacy Practices explains how your protected health information may be used or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities

Can we share your medical information with others listed below to appropriately care for you?

Yes No Spouse: Name \_\_\_\_\_

Yes No Children: Name \_\_\_\_\_

Yes No Friend: Name \_\_\_\_\_

Yes No Insurance Co: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**Note:** Complete the signature section if the patient grants permission to share information subsequent to receiving the Privacy Notice.