

**ACKNOWLEDGEMENT OF PRIVACY AND CONTACT INFORMATION**

- I have been offered a copy of The Notice of Protected Health Information Practices.
- I agree to allow The Bone and Joint Care Center staff or their automated dialing service to contact me using any telephone number I have provided including my cellular telephone number even though charges may apply.
- I agree to allow the Bone and Joint Care Center staff to contact me via e-mail, if I have provided an e-mail address.

Telephone Contact Permissions: Please check the appropriate spaces below.

BJCC Staff  may or  may not leave a detailed message on my home/cell/work telephone number.

BJCC Staff may speak to the following person(s) on my behalf:

Name of Person: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_