Notice of Privacy Practices (HIPAA) Signature Form

This signature page is in reference to the form entitled:
Notice of Privacy Practices (HIPAA)

The undersigned certifies that he/she has received a copy of the Notice of Privacy Practices (HIPAA), and is the patient, or is duly authorized by the patient as the patient’s representative.

This HIPAA document can be found on the Somers Orthopaedics website at www.somersortho.com, by clicking on the Patient Resources Tab at the top of the home page.

__________________________________________
Patient Signature (or Patient’s Representative)

__________________________________________
Print Name

__________________________________________
Date

Statement of Discrimination

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, cumple con las leyes federales de derechos civiles y no discrimina por raza, color, origen nacional, edad, discapacidad o sexo.