

## ▶ NOTICE OF PRIVACY PRACTICES

MESQUITE ORTHOPEDIC CLINIC, CARY TANAMACHI, M.D. AND TERRY SOBEY, M.D. ARE COMMITTED TO PROTECTING THE PRIVACY AND SECURITY OF INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION AND OTHER PROTECTED HEALTH INFORMATION OF A CONFIDENTIAL NATURE FOR THIS MEDICAL PRACTICE AS SET FORTH IN THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA"). UPON REQUEST-A FULL COPY OF PRIVACY PRACTICE IS AVAILABLE.

I hereby acknowledge that I have read this "NOTICE OF PRIVACY PRACTICES".

I authorize the office of Terry Sobey, MD and Cary Tanamachi, MD to release medical information to the following:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

X \_\_\_\_\_  
Patient/Guardian Signature                      PRINT PATIENT NAME                      Date

## ▶ GENERAL CONSENT FOR TREATMENT

I, knowing that I am suffering from a condition requiring diagnostic, medical or surgical treatment, do hereby voluntarily consent to such procedures and care and to such medical, surgical or other services under the general and specific instructions of:

Terry Sobey, MD or Cary Tanamachi, MD and/or his assistants or his designee as necessary in his judgment.

Further, I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as the result of treatments and examination. In addition, I acknowledge that copies of my chart may need to be faxed to a hospital or a referring Doctor in continuation of treatment and care by:

Terry Sobey, MD or Cary Tanamachi, MD.

X \_\_\_\_\_  
Patient/Guardian Signature                      Date

## ▶ VERIFICATION OF NON-PREGNANCY

*ALL FEMALES AGE 12-60, PLEASE COMPLETE & SIGN THIS STATEMENT*

By my signature, I \_\_\_\_\_ (Print Patient's Name)

I do hereby state that, to the best of my knowledge and belief, I am not pregnant nor is pregnancy suspected at this time.

X \_\_\_\_\_  
\*\*\*\*\*Must be Signed by Patient\*\*\*\*\*                      Date