



PATIENT NOTICE OF PRIVACY PRACTICES

1001 37th St. N
Suite B
St. Petersburg, FL 33713
727-321-3900

www.stpetelimbandbrace.com

This notice describes how medical information about you may be disclosed. Please review it carefully.

ST. PETERSBURG LIMB & BRACE will use your medical information for the following:

1. TREATMENT: Including providing your medical records to consulting clinicians and insurance companies.
2. PAYMENT: We will file necessary claims to insurance companies in your name to obtain payment. They may request part or all of your medical record(s) to pay the claim.
3. HEALTH CARE OPERATIONS: Any others involved in your healthcare.

The entire PRIVATE POLICE NOTICE of St. Petersburg Limb & Brace is posted in the waiting room for your perusal.

QUESTION #1, 2, AND #3 MUST BE COMPLETED

In conjunction with these practices you will need to provide us with the following information:

1. Name of person(s) we may speak to regarding your health
(i.e. spouse, child, etc. Including phone number)

2. Emergency Contact: (relative not living with you)

Name: _____

Address: _____

Phone Number: (_____) _____

3. May we leave a message regarding your health or upcoming appointments on your answering machine?

(Home) Yes: _____ No: _____

(Work) Yes: _____ No: _____

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name or Legal Guardian

Patient's Date of Birth