

Charlotte Orthopaedic Clinic, P.A.
4161 Tamiami Trail, Unit 101
Port Charlotte, Florida 33952
Notice of Privacy Practices

We are required to provide you with our "Notice of Privacy Practice" upon request. Please notify the receptionist if you would like a copy.

Please provide the information below.

Your Name (please print) _____

Date of Birth _____

Do you want to give us permission to discuss your medical and financial information with family members and/or friends?

_____ Yes _____ No

If yes, please let the friends/family members that you would like to authorize us to speak to:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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The "Notice of Privacy Practices" was made available to me.

Your signature _____ Today's date _____