Stony Brook Medicine

North Fork Orthopaedic and Sports Medicine
FRED M. CARTER II, MD, FAAOS, FACS
JOHN RONGO PA-C, MS

7555 MAIN ROAD, MATTITUCK, NY 11952
TEL: (631) 298-4579 • FAX: (631) 298-4852 • NORTHFORKORTHOPEDICS.COM

A LOCATION OF STONY BROOK ORTHOPAEDIC ASSOCIATES

Acknowledgement of Receipt of Stony Brook Community Medical's Privacy Practices

I, the undersigned, acknowledge that I have received a copy of Stony Brook Community Medical's Notice of Privacy Practices. Should I have any questions about the policy, I will discuss them with my Physician or the group's *Compliance Officer*.

Print Name: ______________________ Date of Birth: ______________

Signature: ______________________ Date: ______________

Authorization for the Release of Patient Health Information to a Second Party

I authorize the release of my Patient Health Information to my
(Fill in name(s) of all that apply.)

Spouse, ______________________
Family Member, ______________________
Friend, ______________________
School/College Health Services, ______________________
Other, ______________________

By signing below, I acknowledge that this authorization is valid until it is revoked by me.

Patient Signature: ______________________ Date: ______________

Parent/Guardian Signature (if patient a minor): ______________________

Print name of Parent/Guardian: ______________________