



Orthopaedic & Spine Surgery Institute
 19450 Deerfield Ave, Suite 275
 Lansdowne, VA 20176
www.OSSI-Virginia.com

Ali Moshirfar, M.D.
 George Ibrahim, M.D.
 Meredith Soriano, NP-C
 703-723-OSSI (6774)

HIPAA AND PATIENT PRIVACY PRACTICES

I hereby give my consent to **Orthopaedic & Spine Surgery Institute** to use and disclose my protected health information (PHI) to carry out treatment, payment, and health care operations (TPO). This may include releasing information to other medical providers for continued treatment. The Notice of Privacy Practices provided by Loudoun Medical Group describes such uses and disclosures more completely and can be accessed online at <https://www.lmgdoctors.com/wp-content/uploads/2018/10/Notice-of-Privacy.pdf>. I understand I have the right to review these notices prior to signing this consent.

Orthopaedic & Spine Surgery Institute reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to this office.

By signing this form, I am consenting to allow **Orthopaedic & Spine Surgery Institute** to use and disclose my PHI to carry out TPO. I understand that this consent also grants permission to view my medical and prescription history from external sources. I understand that I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Orthopaedic & Spine Surgery Institute** may decline to provide treatment.

Orthopaedic & Spine Surgery Institute may contact me via phone, email, or my mailing address regarding my diagnosis, results, payments, or treatment and care. I may request any other means of communication, or I may deny a particular means of communication in writing.

Patient or Guarantor Signature: _____ **Date:** _____

Patient or Guarantor Printed Name: _____ **Relationship to Patient:** _____

The following person(s) may receive information out me and my healthcare:

Name: _____ **Relationship:** _____ **Phone #:** _____

List the above person as an Emergency Contact: No Yes

Name: _____ **Relationship:** _____ **Phone #:** _____

List the above person as an Emergency Contact: No Yes

*** The above-named person(s) will remain in effect until changes are received in writing. ***