EVANGELISTA ORTHOPEDIC CLINIC

Gregory T. Evangelista, M.D.
Perry J. Evangelista, M.D.
3271 N. Civic Center Plaza, Suite 110
Scottsdale, AZ 85251
Phone: (480) 656-0291 Fax: (480) 656-0127

PATIENT CONSENT FORM

Acknowledgement of Notice of Privacy Practices:

I have been offered a copy of the Notice of Privacy Practices. I understand that Evangelista Orthopedic Clinic has the right to change its Notice of Privacy Practices from time to time and that I may contact Evangelista Orthopedic Clinic at any time to obtain a current copy.

****Signature:** _____ Date: _____

Authorization for Release of Health Information:

I hereby authorize Evangelista Orthopedic Clinic to release any medical or incidental information to my referring physician or any other physicians who have been or may become involved with my care. I also authorize the release of information that may be necessary in the processing of any insurance claims.

I hereby authorize Evangelista Orthopedic Clinic and its Employees permission to discuss, send and/or receive my personal health information to/with the following individual(s):

Name:_____ Relationship: _____ Phone: _____

Name:_____ Relationship: _____ Phone: _____

Name:_____ Relationship: _____ Phone: _____

****Signature:** _____ Date: _____

Authorization for Release of Prescription Information:

I hereby authorize Evangelista Orthopedic Clinic to release any prescription information to

****Signature:** _____Date: _____

Acceptance of Patient Financial Agreement:

I have read, understand, and agree to the provisions of the Patient Financial Responsibility Policy.

****Signature:** _____ Date: _____

****Print Patient Name**: _____