

Non-Surgical Orthopaedics, P.C  
The Center for Spine Procedures, P.C  
335 Roselane Street Marietta GA 30060  
770-421-1420 office 770-421-8055 Fax

Patient Contact Release

Dear Patient,

HIPPA law protects the use and disclosure of all patient information in their files. In order for us to contact you and remind you of appointments, discuss any financial matters, or even speak with your family, we need authorization from you on file. Please review the situations below in which we may use your information to contact you.

\*Re-Schedule or remind you of an appointment

\*Obtain or update insurance information on file.

\*Discuss or inform you of any financial arrangements, benefits, or account issues

By signing below, you are authorizing our office the use of your medical file in order to discuss the aforementioned. In the event that you are not available to discuss these matters, you are further authorizing us the use of your voicemail or answering device to relay any of this necessary information. Please write below any other family member with which you are authorizing us to leave a message with relating to the above if you are not available. Under HIPPA law, you may change your authorization by notifying our office in writing.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Family Member authorized (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date