ATLANTIS ORTHOPAEDICS
CONSENT

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND
HEALTHCARE OPERATIONS

I CONSENT TO THE USE OR DISCLOSURE OF MY PROTECTED HEALTH
INFORMATION BY ATLANTIS ORTHOPAEDICS FOR THE PURPOSE OF
DIAGNOSING OR PROVIDING TREATMENT TO ME, OBTAINING
PAYMENT FOR MY HEALTHCARE BILLS OR TO CONDUCT HEALTHCARE
OPERATIONS OF ATLANTIS ORTHOPAEDICS.

I UNDERSTAND THAT THE DIAGNOSIS OR TREATMENT OF ME BY DR.
JEFFREY S. PENNER, DR. HOWARD D. ROUTMAN, DR. ROMMEL R.
FRANCISCO, DR. JOHN L. WANG, DR. BRIAN K. REITER, MAY BE
CONDITIONED UPON MY CONSENT AS EVIDENCED BY MY SIGNATURE
ON THIS DOCUMENT.

I UNDERSTAND I HAVE THE RIGHT TO REQUEST A RESTRICTION AS
TO HOW MY PROTECTED HEALTH INFORMATION IS USED OR
DISCLOSED TO CARRY OUT TREATMENT, PAYMENT OR HEALTHCARE
OPERATIONS OF THE PRACTICE. ATLANTIS ORTHOPAEDICS IS NOT
REQUIRED TO AGREE TO RESTRICTIONS THAT I MAY REQUEST.
HOWEVER, IF ATLANTIS ORTHOPAEDICS AGREES TO A REQUEST
THAT I REQUEST, THE RESTRICTION IS BINDING ON ATLANTIS
ORTHOPAEDICS AND DR. JEFFREY S. PENNER, DR. HOWARD D.
ROUTMAN, DR. ROMMEL R. FRANCISCO, DR. JOHN L. WANG, AND DR.
BRIAN K. REITER.

I HAVE THE RIGHT TO REVOKE THIS CONSENT IN WRITING, AT ANY
TIME, EXCEPT TO THE EXTENT THAT DR. JEFFREY S. PENNER, DR.
HOWARD D. ROUTMAN, DR. ROMMEL R. FRANCISCO, DR. JOHN L.
WANG, AND DR. BRIAN K. REITER OR ATLANTIS ORTHOPAEDICS HAS
TAKEN ACTION IN RELIANCE ON THIS CONSENT.

MY "PROTECTED HEALTH INFORMATION" MEANS HEALTH
INFORMATION INCLUDING MY DEMOGRAPHIC INFORMATION,
COLLECTED FROM ME AND CREATED OR RECEIVED BY MY
PHYSICIAN, ANOTHER HEALTHCARE PROVIDER, A HEALTH PLAN, MY
EMPLOYER OR A HEALTHCARE CLEARING HOUSE. THIS PROTECTED
HEALTH INFORMATION RELATES TO MY PAST, PRESENT OR FUTURE
PHYSICAL AND MENTAL HEALTH OR CONDITION AND IDENTIFIES ME
OR THERE IS A REASONABLE BASIS TO BELIEVE THE INFORMATION
MAY IDENTIFY ME.

TURN PAGE OVER AND SIGN ⇒
I understand I have a right to review Atlantis Orthopaedics Notice of Privacy Practices prior to signing this document. Atlantis Orthopaedics Notice of Privacy Practices has been provided to me. The Notice or Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of healthcare operations of Atlantis Orthopaedics. The Notice of Privacy Practices for Atlantis Orthopaedics is also provided in the waiting room of the office. This Notice of Privacy Practices also describes my rights and Atlantis Orthopaedics’s duties with respect to my protected health information.

Atlantis Orthopaedics reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

Dr. Routman is serving as a consultant for Exactech, Inc. in a teaching capacity for surgeon and employee education and is also participating in implant and device design. Dr. Routman owns no stock options in this company and receives no royalties for the use of the companies’ orthopedic devices in his patients.

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Signature of Patient or Personal Representative

________________________________________
Name of Patient or Personal Representative

________________________________________
Date

________________________________________
Description of Personal Representative’s Authority