



OAL Lancaster
North Pointe Business Park
170 North Pointe Blvd.,
Lancaster, PA 17601

OAL Willow Street
212 Willow Valley Lakes Dr.,
Suite 201
Willow Street, PA 17584

OAL Spooky Nook Sports
2913 Spooky Nook Road
Suite 100
Manheim, PA 17545

OAL Lebanon
1701 Cornwall Road
Suite 200
Lebanon, PA 17042

VOLUNTARY CONSENT TO TREATMENT

I do hereby voluntarily consent to permit any associated physician or assistant of OAL to perform an examination and any diagnostic procedures, including such medical/surgical procedures as are necessary or advisable in their judgment for my medical care.

Initial _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received the Notice of Privacy Practices for Orthopedic Associates of Lancaster, LTD.

Initial _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the physicians and staff of OAL to release and communicate information to the parties listed below regarding my treatment in order to maximize the coordination of my medical care and to provide ongoing communications.

Name of Physician	Address/Location	Phone
_____	_____	_____
_____	_____	_____

Family Member or Other	Relationship	Phone
_____	_____	_____
_____	_____	_____

I understand that this authorization is valid until I notify OAL in writing or in person that I wish to discontinue the communication with these entities.

I do not wish my records to be released to my family physician.

Signature _____

Date _____

Name _____

MRN _____

Orthopedic Associates of Lancaster complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-895-7374.