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Telephone: (717) 299-4871 - Lancaster County
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VOLUNTARY CONSENT TO TREATMENT

I do hereby voluntarily consent to permit any associated physician or assistant of OAL to perform a physical examination.

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 _____

ACKNOWLEDGEMENT OF PROTECTED HEALTH INFORMATION POLICY

I acknowledge that I will receive my completed paperwork at the end of the physical examination and Orthopedic Associates of Lancaster, LTD will not retain a copy of the information nor disclose any of the information contained in the completed paperwork.

Initial _____

Signature of Patient or Personal Representative

Date

Patient 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.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-895-7374