



STEVEN E. SELDEN, M.D.
ARTHROSCOPIC SURGERY
KNEE AND SHOULDER SURGERY
JOINT REPLACEMENT SURGERY
SPORTS MEDICINE

ARIS D. YANNOPOULOS, M.D.
SPINE SURGERY
ARTHROSCOPIC SURGERY
SPORTS MEDICINE
ORTHOPEDIC SURGERY

ANDREW G. GABOW, M.D.
HAND AND WRIST SURGERY

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES POLICY

I have been presented with a copy of the Notice of Privacy Practices detailing how my health information may be used and disclosed as permitted under federal and state law and outlining my rights regarding my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this office at any time to obtain a current copy of the Notice of Privacy Practices.

Patient name

Date

Signature

Relationship to patient

**DIRECT ALL CALLS
AND CORRESPONDENCE
TO MAIN OFFICE:**
510 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002-3192
TELEPHONE (860) 243-1414
TOLL FREE (877) 243-1414
FAX (860) 286-0510

PATIENT CONSENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Allow my insurer to pay this organization directly.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations.

Patient name

Date

Signature

Relationship to patient

SATELLITE OFFICES:
WINDSOR OFFICE
74 MACK STREET
WINDSOR, CT 06095

ENFIELD OFFICE
9 CRANBROOK BOULEVARD
SUITE 104
ENFIELD, CT 06082

EAST GRANBY OFFICE
13 CHURCH ROAD
EAST GRANBY, CT 06026