OSSM Orthopedic Surgery & Sports Medicine

850 W. Ironwood Drive, Suite 202
Coeur d'Alene, ID 83814
(208) 664-2175 PH (208) 664-1226 FAX

1160 E. Polston Avenue
Post Falls, ID 83854
208) 262-0156 PH (208) 262-0160 FAX

Orthopedic Urgent Care Bone & Joint Injuries

850 W. Ironwood Drive, Suite 202
Coeur d'Alene, ID 83814
(208) 664-2175 PH (208) 664-1226 FAX

OPTI Orthopedic Physical Therapy Institute

1812 N. Lakewood Dr., Ste. 100
Coeur d'Alene, ID 83814
(208) 966-4476 PH (208) 966-4475 FAX

1160 E. Polston Avenue
Post Falls, ID 83854
(208) 262-0156 PH (208) 262-0160 FAX

PERMISSION FORM

I hereby give my permission for Orthopedic Surgery and Sports providers and staff to:
(Please initial the following)

_____ leave information regarding my treatment, results, appointment information or recommendations on my answering machine at the phone numbers I have provided.

_____ phone me at work.

_____ discuss any medical information regarding results/treatment or related information with the person/persons listed below;

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

I hereby give permission for Orthopedic Surgery and Sports providers and staff to:
(Please initial the following)

_____ discuss my billing account information with the person/persons listed below:

Name:_____Relationship:_____

Name:_____Relationship:_____

I am aware that I may change the above permission authorizations with a written request at any time. The new permission authorization will only become effective once a written request is received by Orthopedic Surgery and Sports and is posted to our Privacy Officer.

My signature acknowledges that I have read and agreed to this permission authorization form.

Signature:_____ Date:_____

Patient Name:_____