



Chan Soon-Shiong
Medical Center
at Windber

Orthopedic Walk-In Clinic

Kelly Adams, CRNP
Jordan Poruban, CRNP

PRIVACY PRACTICES ACKNOWLEDGMENT

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

Name: _____ **Birth Date:** _____

Signature: _____

Date: _____

The above-named providers may use my health care information and may disclose such information to the name(s) listed below. This consent will end when my current treatment plan is completed or one year from the date signed above.

Name	Relationship to Patient
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____