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HEIDEN ORTHOPEDICS

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ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I understand that Heiden Orthopedics will only use my personal
health information in the following ways:

- 1) Treatment
- 2) Payment
- 3) Health Care Operation

Heiden Orthopedics will not release my medical information to individuals without a signed release form.

If I have further questions I may receive a copy of Heiden Orthopedics' Notice of Privacy Practices.

Name of Patient _____ Date _____

Patient Email Address _____

Signature of Patient _____

****PAYMENT IS DUE AT TIME OF SERVICE****

****PLEASE BRING INSURANCE CARDS TO THE FRONT DESK****