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Park City, UT 84060
Tooele:
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Tooele, UT 84074
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Salt Lake City, UT 84121



HEIDEN ORTHOPEDICS

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ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name of patient: _____

I understand the email and/or phone number provided by me to Heiden Orthopedics may receive appointment reminders, updates about products and services, promotions, special offers, news & events. We will treat your data with respect and do not share your information with third party advertisers.

The purpose of this Authorization and Release form is for your protection. The H.I.P.A.A. (Health Insurance Portability Accountability Act) of 1996 was created with the sole purpose and goal of protecting patient's medical records and financial information. We will not share this information without your consent. We urge you to complete this form to allow us to better serve and protect your private information. We appreciate your attention to this sensitive matter. Please be specific when designating your choices.

I (patient/parent/guardian) authorize the staff of Heiden Orthopedics to release any:

FINANCIAL INFORMATION MEDICAL INFORMATION

to the following people:

1. _____ 2. _____

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

Signature _____ **Date** _____

FINANCIAL CONSENT

Payment in full is due within sixty (60) days from the date of service. If payment in full is not made as required, then in addition to all other amounts that may be due I agree to pay a collection fee of up to 40% of the principal amount as provided by section 12-1-11 of the Utah Code Annotated, and further agree to pay all other costs of collection (whether incurred by Heiden Orthopedics or its assigns) including but not limited to court costs, reasonable attorney fees, and interest (both pre and post-judgement). Any interest due hereunder shall be calculated at a rate equal to 18% per annum and may, as determined by Heiden Orthopedics or its assigns: (a) accrue on some or all amounts due and (b) compound as frequently as daily – meaning that accruing interest may be added to the balance owing as frequently as daily such that it shall thereafter constitute part of the amount upon which interest accrues during the next accrual period.

I hereby consent to being contacted by telephone at any phone number (including but not limited to wireless/cellular phone numbers) provided to Heiden Orthopedics by me or anyone associated with me or acting on my behalf. I understand and agree that such calls may be initiated by Heiden Orthopedics or any of its affiliates, agents, contractors or assigns, including but not limited to billing companies and/or third-party collection agency(ies), and that the methods of contact may include using pre-recorded/artificial voice messages and/or the use of an automated dialing device and/or the use of text messages – some or all of which may result in data charges. I also consent to receiving e-mails under the same terms at any e-mail address provided by me or anyone associated with me or acting on my behalf. In granting each and all of the foregoing permissions, I understand that I am responsible for ensuring my own level of privacy.

Signature _____ **Date** _____