

Orthopedic Institute of New Jersey  
108 Bilby Road, Suite 201  
Hackettstown, NJ 07840

With my consent, Orthopedic Institute of New Jersey, LLC may use and disclose protected health information about me to carry out treatment, payment and healthcare operation. Please refer to our Notice of Privacy Practices for a more complete description of such use and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Orthopedic Institute of New Jersey reserves the right to revise its notice of Privacy Practice at any time.

With my consent, Orthopedic Institute of New Jersey and authorized staff may call or mail to my home, or any other designated location, any information in reference to any items in carrying out treatment, payment and healthcare operation, such as appointment reminders, insurance issues, lab results or any other matters.

I am consenting to Orthopedic Institute of New Jersey by providing my signature to use or disclose my protected health information to carry out treatment, payment and healthcare operations.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Orthopedic Institute of New Jersey may decline to provide treatment to me.

Special Instructions \_\_\_\_\_

Patient Name (Print) \_\_\_\_\_

Parent/Legal Guardian Name (Print) \_\_\_\_\_

Signature of Patient/Parent/Legal Guardian \_\_\_\_\_