



Illinois Sportsmedicine
and Orthopaedic Centers

1720 Milwaukee Avenue, Glenview, Illinois 60025-1441

**Consent for Release and Use of Confidential Information and Receipts
of Notice of Privacy Practices Form**

I, _____ (name of patient or authorized agent), hereby give my consent to Illinois Sportsmedicine and Orthopaedic Center (ISMOC) to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information combined in the patient record of _____ (patient's name).

I acknowledge receipt of the ISMOC Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how ISMOC may use and disclose my confidential information.

I understand that ISMOC reserves a right to change its privacy practices that are described in the notice. I also understand that a copy of any revised notice will be provided to me or made available to me at the ISMOC office and at the website www.ISMOC.net.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by sending written notice of my desire to do so to ISMOC. I also understand that I will not be able to revoke this consent where the ISMOC has already relied on it to use or disclose my health information.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient:

cc: patient's file

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