

WARDELL ORTHOPAEDICS, P.C.  
5818D Harbour View Blvd., Suite 150  
Suffolk, Virginia 23435  
Telephone: (757) 215-1400

Privacy Officer: Elizabeth "Liz" Lester

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of Wardell Orthopaedics, P.C.

Patient ID# \_\_\_\_\_

Print Name of Patient: \_\_\_\_\_ Other ID# \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Parent or Guardian Signature, if under 18 years old: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**I authorize the following person (s) to schedule, verify or cancel doctor or physical therapy appointments at our facility, pick up medication or testing prescriptions on my behalf, and to request medical & billing records on my behalf:**

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship (parent, guardian, etc): \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship (parent, guardian, etc): \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship (parent, guardian, etc): \_\_\_\_\_

**Unless otherwise revoked, this authorization will expire on the following date: \_\_\_\_\_. If I fail to specify an expiration date, this authorization will not expire.**

\_\_\_\_\_  
Employee Signature  
Wardell Orthopaedics

\_\_\_\_\_  
Date