SPINE AND ORTHOPEDIC SOLUTIONS

300 StoneCrest Blvd Ste. 230
Smyrna, TN 37167

PH: 615-730-8626
FAX: 615-840-6169

www.sos-tn.com

AUTHORIZED PATIENT NOTIFICATION LIST (REQUIRED BY HIPPA)

I authorize all Spine and Orthopedic Solutions physicians and/or whosoever he/she may designate as his/her professional representative/assistant to discuss and aspect of my care, to include: appointments, test, test results, surgical procedures, prescriptions and any other pertinent information with the following person in order to facilitate and coordinate my care, treatment and payment:

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

☐ I do not want to designate anyone to have authorization at this time.

This document will be part of your permanent record. In the event any of the selected representatives that you have designated change, it will be necessary to update our records with written notification. You will need to state who you would like to have removed from or added to the Authorized Notification List.

Patient's Name Print	Signature	Date
Patient's Name Print	Signature	Date