



NEWPORT

ORTHOPEDIC INSTITUTE

Patient Acknowledgement of Policies

Thank you for choosing Newport Orthopedic Institute as your health care provider. We ask that you carefully read the attached copies of our policies prior to agreeing to them. If you have any questions about these policies, an NOI employee will be happy to help explain them to you.

Financial Policy (attached)

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party	Printed Name	Date
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Notice of Privacy Practices (attached)

I hereby acknowledge the receipt of the Notice of Privacy Practices. A personal copy of the Privacy Practices will be available per my request.

Signature of Patient or Responsible Party	Printed Name	Date
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I authorize the release of my patient health information to the following personal contacts (Spouse, Child, Assistant, etc). I understand it is my responsibility to notify NOI of any changes in the information below.

_____	<input type="checkbox"/> Appointment Information
Name Relationship	<input type="checkbox"/> Treatment Information
	<input type="checkbox"/> Billing Information

_____	<input type="checkbox"/> Appointment Information
Name Relationship	<input type="checkbox"/> Treatment Information
	<input type="checkbox"/> Billing Information



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DME Acknowledgment of Driving Impairment

While you are under the care of your Physician, you may be fitted into Durable Medical Equipment, or DME (Cam Walking Boots, Shoulder Slings etc). While the DME is to be utilized to protect or support your condition, by wearing the DME, it might impair your ability to operate automotive vehicles.

You might not be able to operate a vehicle safely due to the use of your DME, please arrange for proper transportation and use the proper precautions. If you have any questions regarding this matter, please ask the DME Coordinator at Newport Orthopedic Institute or your physician.

Signature of Patient or Responsible Party

Printed Name

Date

Medication Acknowledgement of Driving Impairment

While you are under the care of your Physician, you may be prescribed medication that could impair your ability to operate a motor vehicle, heavy machinery or equipment.

Please refrain from operating a motor vehicle under the influence of prescribed medications that impair judgment. Arrange for proper transportation and use the proper precautions when taking prescribed medications. If you have any questions, please ask your Physician or your pharmacist.

Signature of Patient or Responsible Party

Printed Name

Date

Diagnostic Testing Results

While under the care of a Physician/Provider with NOI, you may be sent to have diagnostic testing performed (MRI, CT-scan, bone scan, lab work). It is the patient's responsibility to return to the office to receive the results of any diagnostic testing. Most testing is completed at an outside facility. It is the patient's responsibility to obtain the results of all tests in addition to ensuring all outside results are sent to the Physician's office prior to the follow up appointment. Reports may be faxed to (949) 630-4903. NOI is able to directly access testing performed at Hoag Facilities as well as Newport Imaging Center.

Signature of Patient or Responsible Party

Printed Name

Date