

**PATIENT ACKNOWLEDGEMENT OF RECEIPT
OF THE NOTICE OF PRIVACY PRACTICES**

I am acknowledging the right to review the Notice of Privacy Practices of Midwest Orthopaedic Consultants. A copy of the Privacy Practices is available in the lobby for the patient review. Copies are available upon request.

E-PRESCRIBING

MIDWEST ORTHOPAEDIC CONSULTANTS is in the process of implementing e-Prescribing in each of our offices. E-Prescribing is a federally mandated initiative that requires all physicians prescribe in this manner by 2011. E-Prescribing software sends prescriptions over the internet to your pharmacy in a safe, secure way, through the same technology used by credit card companies. This helps protect the privacy of your personal information. E-Prescribing software also lets your doctor see important information – like drug interactions and your prescription history.

The benefit to you:

- Less confusion over handwritten prescriptions or unclear phone calls
- Reduced possibility of medical errors
- Less chance of adverse drug reactions
- Fewer trips to drop off at the pharmacy
- A safer, faster, easier way to get your prescription filled

CANCELLATION/NO-SHOW POLICY

MIDWEST ORTHOPAEDIC CONSULTANTS makes every attempt to provide prompt medical service to our patients. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. We require a 24-hour advance notification for the cancellation of a scheduled appointment, EMG or MRI. Failed office appointments or “No-Shows” will be assessed a \$30.00 administration fee not covered by your insurance. Failed EMG or MRI appointments or “No-Shows” will be assessed a \$100.00 administration fee not covered by your insurance. Fees are subject to change without prior notice.

PATIENT PORTAL

Our patient portal grants the patient or the guardian of the patient access to the health records of the patient. This also allows you to send a message to the doctors through the portal. You will receive an e-mail with a link that will bring you to the setup of the patient portal. **An e-mail is required as well as the last four digits of your social security to gain access to the patient portal; if no e-mail is given your access will be declined.**

By signing this form states I have reviewed the above.

Patient Signature: _____ Date _____
(Parent/Guardian)