SANTA BARBARA ORTHOPEDIC ASSOCIATES

2324 Bath Street • 2nd Floor • Santa Barbara • CA • 93105
Telephone (805) 682-7801 • Fax (805) 687-5342

By signing this Non-Disclosure Agreement I, the patient, indicate my understanding that:

Physicians and other health care providers furnish confidential information to obtain or carry out medical services, and medical service information records are confidential as stated in the HIPAA (Health Insurance Portability and Accountability Act of 1996).

We as patients depend on the providers of medical services to keep patient information confidential. The provider's reputation depends on this confidentiality.

If medical information has been used or disclosed inappropriately, patients or providers who have suffered loss or injury may seek legal action to recover damages from the person who used or disclosed the information. Specific violations or patient confidentiality resulting in economic loss or personal injury to a patient may be punishable by law.

Any breach of confidentiality will be considered serious and subject to investigation and possible discipline, including immediate termination of services.

Signed: ________________________________ Date: ___________________

If you wish to allow anyone to view or copy your records please provide us with the company/physician name below.

Company/Physician Name	Address	Phone Number