

Farbod Malek, M.D.
Bone & Joint Surgery
Associates P.A.

Acknowledgment of Specific Authorization to Disclose Protected Health Information

This Acknowledgement of Specific consent is not to change the normal disclosure and use of my protected health information as outlined in the Notice of Privacy Practices, but to enumerate some specific authorizations related to my protected health information. In addition to my consent to the use and disclosure of my protected health information by FARBOD MALEK, M.D. as referenced in Consent for Purposes of Treatment, Payment and Healthcare Operation, I further consent to the dissemination of my protected health information as follows:

- Primary Care Physician
- Spouse/Family Member
- Coaches/Trainers

I have the right to revoke this consent, in writing at any time, except to the extent that FARBOD MALEK, M.D. has taken reliance on this consent. Furthermore, any revocation made to this specific authorization will not be deemed made to the consent signer related to the Consent for Purposes of Treatment, Payment and Healthcare Operation. Any revocations related to Consent for Purposes of Treatment, Payment and Healthcare Operation must also be made in writing.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date