



**DICKSON ORTHOPAEDICS, PA  
DBA JONESBORO ORTHOPAEDICS AND SPORTS MEDICINE**

**PATIENT AUTHORIZATION FOR USE  
AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Please PRINT below any family, friends, etc. that you would like to be able to give information to. These names will be added as contacts in our computer system and should anyone call requesting information, the list will be referenced and information will not be disclosed if the name is not indicated in the computer from your list below. The person that is listed as your emergency contact DOES NOT automatically get added to this list. If you would like them listed, please list them below.

NAME	RELATIONSHIP	CONTACT NUMBER
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_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient, Parent or Legal Guardian)