KANSAS JOINT & SPINE SPECIALISTS
EXCEPTIONAL ORTHOPAEDIC CARE BEGINS HERE

10100 East Shannon Woods Circle, Suite 100 | Wichita, KS 67226
Patterson Health Center | 485 North Kansas Highway 2 | Anthony, KS 67003
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Bradley Bruner, M.D.
Kellis Bulleigh, M.D.
Justin Strickland, M.D.
Damion Walker, D.O.
Camden Whitaker, M.D.

Patient ID # _____

PERMISSION TO GIVE OUT INFORMATION

Please list below only the names of the person and/or persons that you wish to give permission for our staff to speak with regarding your medical and/or financial information.

I, _____ hereby grant the physicians and staff of Kansas Joint & Spine Specialists my permission to speak with the following people about my health and well-being.

Effective Date: _____

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

The following information may be given to the above individual:

- ☑ 1. Appointment Time
- ☐ 2. Financial Information
- ☑ 3. Test/Lab Results
- ☑ 4. Medications
- ☑ 5. Procedures
- ☐ 6. Other information regarding my Health

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE (HIPAA BROCHURE)

I acknowledge that I have received the attached Privacy Notice.

I understand I may revoke this consent at any time by giving written notice to Kansas Joint & Spine Specialists.

Signed: _____ Dated: _____

Printed Name: _____

In the event the patient is unable to sign, a signature by the designated personal representative is acceptable.

Personal Representative: _____

Relationship to Patient: _____

Kansas Joint & Spine Specialists complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.