

ACKNOWLEDGEMENT OF OUR NOTICE OF PRIVACY PRACTICES

POLICY REGARDING PHOTOGRAPHY, AUDIO AND/OR VIDEO RECORDING

Patients, family members of patients, and/or visitors Regional Orthopaedic Associates are not permitted to make audio recordings, make video recordings, or take photographs (using a cellular or “smart” phone, or by other electronic means) in any examination or clinical areas of the practice without the prior express written consent of Regional Orthopaedic Associates.

This policy prohibits, by way of example and without limitation, the recording of any conversations between patients, family members of patients, and/or visitors and Regional Orthopaedic Associates physicians or staff, as well as the recording or photographing of any of the practice’s communication boards, portions of medical records, patient labels on medical record binders, and any other such items or materials bearing patient names and/or any other identifying information.

To the extent Regional Orthopaedic Associates is made aware of any inappropriate attempt to violate this policy, Regional Orthopaedic Associates will take reasonable measures to require that prohibited recording or photographing be stopped immediately at any time.

Regional Orthopaedic Associates

1941 Limestone Road, Suite 101
Wilmington, DE 19808

1096 Old Churchmans Road
Newark, DE 19713

3401 Brandywine Parkway, Suite 100 & 101
Wilmington, DE 19803

252 Carter Drive, Suite 101
Middletown, DE 19709

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Regional Orthopaedic Associates Notice of Privacy Practices. By signing below I am “only” giving acknowledgement that I have received or had the opportunity to receive the Notice of Privacy Practices.

Patient Name (Type or Print)

Date

Signature