



Northern Wisconsin Bone & Joint Center  
 7520 US Hwy 51 S, Suite A  
 Minocqua, WI 54548



Northwoods Surgery Center  
 611 Veterans Parkway  
 Woodruff, WI 54568

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Authorization for use/disclosure is **not** required in order to receive treatment with Northern Wisconsin Bone and Joint Center and Northwood’s Surgery Center.

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I understand when my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at: Northern Wisconsin Bone and Joint Center and/or Northwoods Surgery Center.

I hereby warrant I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned (if not over eighteen years of age, signature of parent or legal guardian is required below).

**Approved and Accepted**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

