

Independence Orthopedics and Sports Medicine

Dr. Craig L. Bierer

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IMPORTANT-PLEASE COMPLETE
TO "RELEASE PAPER-WORK OR INFORMATION TO ANYONE OTHER THAN PATIENT
PLEASE COMPLETE THIS "AUTHORIZATION FORM"

Patient Name _____

- 1) Authorized Person for Release _____ Relationship _____
- 2) Authorized Person for Release _____ Relationship _____
- 3) Authorized Person for Release _____ Relationship _____

Patient's Signature _____ Date _____

**ACKNOWLEDGEMENT OF RECEIPT OF INDEPENDENCE ORTHOPEDICS AND SPORTS MEDICINE
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of Independence Orthopedics and Sports Medicine Notice of Privacy Practices.

Patient or Personal Representative Signature: _____

Patient Name: _____ Date: _____

Name of Personal Representative if applicable: _____

Note: If a copy of the Notice was provided by mail, please return this signed document to Independence Orthopedics and Sports Medicine's office at your earliest convenience.

INDEPENDENCE ORTHOPEDICS AND SPORTS MEDICINE

Date of receipt of signed acknowledgment: _____

If signed acknowledgment not received, document good faith efforts used to obtain:

Further, I understand that I am entering into a contractual relationship with Dr. Craig Bierer for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Dr. Craig Bierer, I (the patient) and /or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Dr. Craig Bierer.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I (the patient), and/or my representative agree to use ABMS board certified expert medical witness (es) in the same or similar specialty as (physician). Furthermore, I agree that these expert witnesses will adhere(s) to the guidelines and/or code of conduct defined by the specialty society(ies) for expert witnesses in the area(s) of medicine that would typically have the background and experience to opine on such a case. In further consideration for this, I Dr. Craig Bierer, agree to the same stipulations.

Please sign and date this form

Signature Date

Physician Signature Date