

ALLIED PHYSICAL THERAPY

HIPAA PRIVACY REGULATIONS

As required by the HIPAA Privacy Regulations, all patients (or the patient's representative) who receives health care services in our facility on or after April 14, 2003 must:

Receive the attached "Notice of Privacy Practices" form

Sign the "Acknowledgement" form below and return it to our Front Desk staff for our records.

The Notice provides each patient with summary descriptions of:

How our office will use and disclose their medical information for legitimate business purposes.

How each patient can exercise their rights with regard to this medical information.

ACKNOWLEDGEMENT:

I hereby acknowledge that I have received a current copy of the Privacy Notice.

Signature of Patient or Patient Representative

Date

If signed by patient representative, state relationship to patient: _____

NOTICE TO OUR PATIENTS

In order for us to remain HIPAA compliant, please list any person(s) or companies that you give your permission to obtain written or verbal information on your behalf. You do not have to list yourself or other physicians.

Name

Relationship

Phone Number

Name

Relationship

Phone Number

May we leave messages, which may include but are not limited to, information about your appointments on your answering machine or voicemail? Yes No _____ initial

May we leave messages, which may include but are not limited to, information about your therapy appointments with a member of your household? Yes No _____ initial