

Physical Therapy Practice
Acknowledgement of Receipt of Notice of HIPAA Privacy Policies

I certify that I have received a copy of Notice of HIPAA Privacy Policies. The Notice of HIPAA Privacy Policies describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Above It All Physical Therapy's health care operations. The Notice of HIPAA Privacy Policies also describes my rights and Above It All Physical Therapy's duties with respect to my protected health information. The Notice of HIPAA Privacy Policies is posted in the reception area.

Above It All Physical Therapy reserves the right to change the privacy policies that are described in the Notice of HIPAA Privacy Policies. I may obtain a revised Notice of HIPAA Privacy Policies by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or through e-mail.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority