

Leelanau Physical Therapy

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Telephone (231) 943-1655 (231) 271-0375

Acknowledgment of Privacy Rights

My signature confirms that I have been informed of my right to privacy regarding my protected health information, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of physical therapy providers and physicians who may be involved in my treatment either directly or indirectly.
- Obtain payment from third-party payers for my physical therapy care and services
- Conduct normal health care operations such as a quality assurance and improvement activities

I have been informed of my physical therapy health care providers *Notice of Privacy Practices* containing a more complete description of the uses and disclosure of my protected health information. I have been given the right to review such *Notice of Privacy Practices*. I understand that my physical therapy provider has the right to change the *Notice of Privacy Practices* and that I may contact the office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I understand that you are not required to agree to my request restrictions, however, if you do agree then you are bound to abide by such restrictions.

Patient Name:
Signature:
(Guardian Signature if Minor)
Please list any individuals or parties to whom we can disclose your medical information: