

Body 360 PT and Wellness  
Izabela Beach P.T., PLLC  
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## HIPAA PRIVACY

I hereby certify that I read and understand HIPAA privacy statement. I acknowledge I was given an opportunity to receive a copy of the privacy statement at this time or any time in the future.

I, \_\_\_\_\_ by signing this document, acknowledge my consent to the above.

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

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge receipt of this Notice of Privacy Practices and I acknowledge that Izabela Beach, PT, PLLC will use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me and conducting healthcare operations.

I understand that I may request in writing that Izabela Beach, PT, PLLC, restricts how my private information is used and disclosed. I also understand that in providing treatment, submitting billing and conducting healthcare operations, Izabela Beach PT, PLLC, has my permission to disclose my protected health information to the following:

\_\_\_\_\_ Primary Care/Family Physician

\_\_\_\_\_ Referring Physician

\_\_\_\_\_ Orthotist

\_\_\_\_\_ Telephone# \_\_\_\_\_  
(relationship to me)

\_\_\_\_\_ Telephone# \_\_\_\_\_  
(relationship to me)

\_\_\_\_\_  
Patient's Name (Print)

\_\_\_\_\_  
Patient Signature (or Parent/Guardian)