

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information and I authorize you to use or disclose my health information in the manner described. I understand that Pro Fit Rehab has the right to change its *Notice of Privacy Practices* from time to time and that I may contact you at any time to obtain a current copy of the *Notice of Private Practices*. I also understand that this authorization will expire seven years after the date on which I last received services from you.

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 also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

## PRO FIT REHAB OFFICE POLICIES ACKNOWLEDGEMENT

I have received, read and understand your *Patient Office Policies* containing a more complete description of Pro Fit Rehab's policies and what I am responsible for in terms of insurance and billing. I understand that I may access and obtain a current copy of these policies at any time.

Patient Name: \_\_\_\_\_

Patient Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_                      DOB: \_\_\_\_\_

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**OFFICE USE ONLY:** I attempted to obtain the patient's signature in acknowledgment, but was unable to do so as documented below.

ate:	Initials:	Reason:
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