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 it's *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: _____

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: