



Kalamazoo Functional Rehab Team

HIPAA Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), 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 multiple health care providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers.
- Conduct normal health care operations such as quality assessments and professional certifications.

I understand your HIPAA Notice of Privacy Practices (NPP) and have been offered and received or declined a copy of your NPP which contains a detailed description of the uses and disclosures of my health information. I understand that this company has the right to change its HIPAA Notice of Privacy Practices from time to time as necessitated by changes in HIPAA. I have the right, at any time, to contact this company at the address below to obtain a current copy of their HIPAA 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 also understand that you are not required to agree to my requested restrictions, but if you do agree that you are bound to abide by such restrictions.

Patient Name: (print) _____ Date of Birth: _____

Insurance Claim #: _____

Signature of Patient/patient representative: _____ Date: _____

Printed name/relationship of representative **if other than patient:** _____

I would like a copy of KFR Team's Privacy Practices. No ☐ yes ☐

To contact Kalamazoo Functional Rehab Team, by mail – please direct correspondence to:

Kalamazoo Functional Rehab Team
P.O. Box 351
Mattawan, MI 49071