



**HIPAA Information and Consent Form
Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. The implementation of HIPAA requirements began on April 14, 2003. Our facility strives to meet all federal regulations regarding the privacy of your health information. All patients must be given notice of their rights regarding their Protected Health Information (PHI).

All patient information is kept confidential except as is necessary to provide services or to ensure all administrative aspects of your care. This includes sharing of information with other health care providers and health insurance payors as is necessary and appropriate for your care and to process your claims. Patient files are stored electronically and only authorized personnel can gain access to your information that is necessary to provide care or process billing.

Please read each of the statements below.

1. Your confidential information will not be used for purposes of marketing or advertising of goods or services.
2. In order for us to share your health information with outside sources (i.e. attorneys, non-referring physicians, etc), a signed medical release allowing access to those entities must be on file in your medical chart.
3. You agree to bring any concerns regarding privacy to the attention of the HIPAA Compliance Officer or the Physical Therapist.
4. All patients have access to their medical records pertaining to treatment here at Sierra Spine and Joint Physical Therapy and can request a copy at any time. Our office will provide these in a timely manner in accordance with state and federal laws.
5. Our office may modify any of these provisions to better serve the needs of our patients, but will follow all state and federal laws when doing so.

By signing below, I acknowledge that I have read and understand the terms set forth in this HIPAA Information and Consent Form and any subsequent changes in facility policy. I understand that this consent will remain in force from here forward even though amendments may be made.

Patient's Printed Name

Date: _____

Patient's Signature

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