



HIPPA ACKNOWLEDGEMENT FORM

I acknowledge that I have read and understood Anovo Physical Therapy's "HIPPA Privacy Policy Notice", which describes Anovo's obligation to ensure the privacy of my health information. The HIPPA Privacy Notice describes how the practice may use and disclose my health information for treatment, payment and health care operations. I know that I have the right to review Anovo's HIPPA Policy and to ask question about it. I understand that the practice is required to maintain the privacy of my health information in accordance with the terms of the notice.

I further acknowledge that the practice can change its HIPPA Privacy Notice in the future and that I can receive a copy of Anovo Physical Therapy's current Privacy Notice at any time.

I understand that I have the right to request that the practice restrict its uses and disclosures of my health information for treatment, payment of healthcare operations. If my restrictions are accepted by the practice, these restrictions will be bind on behalf of GroupHab. I understand that GroupHab is not required to agree to my requested restrictions.

I do not request any restrictions of Anovo Physical Therapy's uses and disclosures of my health information for treatment payment or healthcare operations. _____ (Initial)

By signing this form, I consent to Anovo Physical Therapy's use and disclosure of my health information for treatment, payment and health care operations. I understand that I have the right to revoke this consent at anytime in writing but if I do, my revocation will not influence any actions Anovo Physical Therapy has already taken in reliance of this consent.

Signature of Patient/Authorized persons: _____

Printed name of patient/authorized persons: _____

Date: _____

Anovo Representative: _____ Date: _____