

## Notice of Privacy Practices

As required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), our office offers you, our patients, this notice of privacy practices. The notice describes how health information about you as a patient of our office may be used and disclosed and how you can get access to your protected health information (PHI). Please read the notice carefully. In summary it describes the following:

- Our offices' commitment to your privacy.
- How your PHI is used and disclosed by our office.
- Your rights as a patient and how you can have access to your PHI.
- Our responsibilities according to the law.

If you have any questions regarding this notice or the health information privacy policies of this office, please contact Steve Carling at the above address and phone number.

I hereby acknowledge that I have been presented with a copy of Carling Physical Therapy's Notice of Privacy Practices.

Patient's Name \_\_\_\_\_  
Please print

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_