

PATIENT PRIVACY NOTICE

I understand that Sporthopedics Physical Therapy, PC (referred to below as “the clinic”) will use and disclose health information about me in the course of providing physical therapy care to me.

I understand that my health information may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examination, test results, diagnoses, treatments, procedures, prescriptions and similar health-related information.

I understand that the clinic is permitted to use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment;
- Refer to or consult and coordinate with other health care providers in the course of my treatment
- Determine my eligibility for health plan or insurance coverage, submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care
- Perform various office, administrative and business functions that support the clinic’s ability to provide me with appropriate care and arrange for payment

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of our most current Notice of Privacy Practices upon request. I understand that the Notice of Privacy Practices describes how I can exercise my right to ask that some or all of my health information not be used or disclosed, and I understand that the clinic is not required by law to agree to such requests.

By signing below, I agree that I have received or been offered a copy of this clinic’s Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: _____

-OR-

Patient Representative: _____ Date: _____

Description of Representative’s Authority: _____