



ALHAMBRA VALLEY
PHYSICAL THERAPY

1923 Oak Park Blvd
Pleasant Hill, CA 94523
Phone: 925-930-0545
Fax: 925-930-0717

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability act of 1996 (HIPPA), 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, by the multiple providers who may be involved in that treatment directly and indirectly.

Obtain payment from third-party payers

Conduct normal health care operations such as quality assessments and physician certification.

(To be completed by patient or patient's representative)

I, _____, have read and understand the Notice of Privacy Practices detailing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices intermittently, and that I may contact this organization at any time at the address above to obtain a current copy of its Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used to disclose to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions; but not if you do agree, then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name: _____

Relationship to Patient: _____

Signature: _____ Date: _____

This section must be completed if you wish this office to release information concerning your care to a family member.

THIS RELEASE APPLIES ONLY TO THIS FACILITY: ALHAMBRA VALLEY PHYSICAL THERAPY

I, _____, authorize ALHAMBRA VALLEY PHYSICAL THERAPY to release information concerning my treatment to:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

This information can be released verbally, by telephone message, e-mail, written or faxed.