

# RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

## SHAFFO PHYSICAL THERAPY, INC.

Effective Date April 1, 2003

### OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need the record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU for multiple reasons including but not limited to treatment, payment, healthcare operations, as required by law, and to avert a serious threat to health or safety.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: You have the following rights regarding health information we maintain about you:

Respect of Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.

Right to an Accounting of Disclosures: You have a right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment and healthcare operations, as previously described.

Right to Request Restrictions: You have the right to request a restriction of limitation on the health information we use to disclose about you for treatment, payment or healthcare operations.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location.

Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice at any time.

- The Notice of Privacy Practices you have been given describes the above rights and requirements in detail.
- You are free to refer to this notice at any time before you sign this form.
- When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services and to perform healthcare operation.
- You also signify that you have received a copy of our Notice of Privacy Practices.

***I have read this document and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment and healthcare operations. I acknowledge that I have received the Notice of Privacy Practices from Shaffo Physical Therapy, Inc. If you have any questions about this notice, please contact Joseph L. Shaffo at 724-744-0499 or P. O. Box 445, Harrison City, PA 15636.***

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Signature

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Date