

INDIVIDUAL DOCUMENT ACKNOWLEDGMENT REGISTRATION FORM

I acknowledge that I received a copy of the *101 Physical Therapy, Inc.* Notice of Privacy Policy dated July 1, 2003. _____.

(Please print full name.)

Patient's date of birth: _____ Patient's signature: _____.

Witness Signature

Date

I hereby authorize the following: (Initial all that apply)

- _____ Release of medical information to other medical providers, by phone, fax, mail, or in person, as necessary, for continued care processes, or as requested by them.
- _____ Release of medical information to other medical providers, by phone, fax, mail, or in person, for claims/billing/referral processes.
- _____ Voicemail messages on my personal phone/answering machine regarding appointments/call backs, etc.
- _____ I acknowledge that I have received for review the Patient's Privacy of Healthcare information in accordance with HIPPA federal regulations.

I, the Patient, did *not* sign the acknowledgment for the following reason(s):

- _____ I refused.
- _____ I was unable to sign due to my medical condition.
- _____ Other (explain)

Witness

Date

101 Physical Therapy, Inc.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact:

101 Physical Therapy, Inc.
Russell L. Atkins, PT
5704 Main Street
Ooltewah, TN 37363-8713
423.238.1301

101 Physical Therapy, Inc. is required by law to maintain the privacy of your health information; give you notice of our legal duties and privacy practices with respect to your health information; and follow the terms of this notice. This notice applies to your health records generated by *101 Physical Therapy, Inc.*, whether made by our personnel or your therapist. This notice will tell you about the ways in which we may use and disclose your health information at *101 Physical Therapy, Inc.*, and with other entities. We also describe your rights and certain obligations regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

- **For Treatment.** We may use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose your health information to family members, guardians, or personnel representatives who are involved with your physical therapy treatments. We may also use and disclose your health information to contact you for appointment reminders, and to provide you with information about possible treatment options or alternatives.
- **For Payment.** We may use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment, and collection. For example, we may tell your health plan provider about a treatment we are planning in order to receive approval or to determine whether or not your plan will cover the proposed treatment.
- **For Health Care Operations.** We may use and disclose your medical information for your health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

OTHER USES OF YOUR HEALTH INFORMATION.

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with the authorization to use and disclose your health information, you may revoke that authorization in writing at any time. When we receive your written revocation, we will no longer use or disclose your health information for the purpose of that authorization. However, we will be unable to retrieve any disclosures already made based upon your prior authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

- **Right to Inspect and Copy.** You have a right to inspect your health information and copy medical, billing, or other records that may be used to make decisions about your care. We will charge a fee for document requests to cover the costs of copying, mailing, or other supplies.
- **Right to Amend.** You have the right to request an amendment to your health information that you believe is incorrect or incomplete.
- **Right to Accounting of Disclosures.** We are required to maintain a list of disclosures of your health information. However, we are *not* required to maintain a list of disclosure that we made by acting upon your written authorizations. You have a right to request the accounting of disclosures that were not subject to your written authorization. Your request must state a time period, not longer than five (5) years, and may not include dates prior to July 1, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw, or modify your request before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction of limitation on how much of your health information we use or disclose for treatment or payment. *We are required to agree to your request.* However, if we do agree, we will comply with your request. Submit your request in writing to *101 Physical Therapy, Inc.* You must include (1) what information you want to limit; (2) whether you want to limit, disclose, or both; and (3) to whom you want the limits to apply.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

SUMMARY of *101 Physical Therapy, Inc.* NOTICE OF PRIVACY RIGHTS.

Federal law (the Health Insurance Portability and Accountability Act or HIPPA) requires *101 Physical Therapy, Inc.* to provide you with a notice of its privacy practices. *101 Physical Therapy, Inc.* and the physical therapists, physicians, and employees that we have relationships with are required to abide by the privacy practices explained in The Notice of Privacy Practices. This is a lengthy document, and this letter summarizes what is in the Notice. We suggest that you take some time to read the full Notice when it is more convenient for you.

You must provide written authorization(s) for any other use or release of your health information that is not required or permitted by law. For example, we would need your authorization before we would use or release your health information in response to a request by an attorney to review your records for a proposed legal proceeding (personal injury cases). Also, you may revoke an authorization at any time by writing us.

You have certain rights regarding the health information we maintain about you; including the right to review your health information and to make copies of it.

You have the right to ask that certain portions of your health information be amended or corrected if you feel that the information is incorrect; to place certain restrictions on who can use your health information; and to specify where you want your health information sent or communicated to you. You have the right to request a list of persons or entities that have seen your health information. You also have the right to file a complaint with us, if you feel that your rights have been violated.

This is only a summary of information contained in the *101 Physical Therapy, Inc. Notice of Privacy Practices*. We recommend you take the time to read the full Notice, to become informed of our practices and the ways in which we may use and release your health information. If you have a specific question, concern, or complaint regarding this Notice, please contact *101 Physical Therapy, Inc., 5704 Main St. Ooltewah, TN 37363-8713. 423.238.1301*.