



Notice of Privacy Practices

In accordance with HIPAA privacy regulations, we are notifying you as to how medical/protected health information about you may be used and disclosed.

Under the law, we are required to maintain the privacy of this information, but may need to share protected health information (PHI) to others in order to process your claim or for health care operations, which may include but are not limited to: 1) Receive Payment, 2) Verify Insurance 3) Conduct Quality Assessment, 4) Care Co-ordination/Management, 5) Manage Our Business, 6) Assist Other Covered Entities With Their Health or Business Operations, 7) Accreditation, Certification, Licensing, or Credentialing, 8) Disclosure to the Secretary of the United States Department of Health and Social Services, 9) Health Oversight Agencies, 10) To prevent a serious threat to Health or Safety, 11) Research, 12) Workman’s Compensation 13) Public Health and Safety 14) Legal, National Security or Law Enforcement, 15) Personal Physician, Team Physician, Athletic Director or Coach, 16) To you or your Designee upon written request, 17) Other uses and disclosures of PHI only after your written authorization.

All Evaluations, Progress Notes as well as significant changes in Medical Conditions will be reported via Fax, Phone, Email and/or Mail to your Referring Physician and possibly Primary Care Physician. All insurances will be verified with pertinent PHI being released to the Insurance Company(s) necessary to process claims. All patients will be asked to sign in at the Front Desk upon arrival and names will be announced. Part of treatment is performed in an open environment. Some claims are billed electronically. If you wish not to sign in on the sheet, not to have your name announced, not to bill claims electronically, or not be in an open area for treatment, please notify the receptionist immediately and we will attempt to make alterations to accommodate your needs. If you have any questions, please ask to speak to the Clinical Director.

X _____
Signature of Patient or Guardian, if Minor

Date

Relationship to Patient