

HEALY PHYSICAL THERAPY & SPORTS MEDICINE, INC.

Notice of Privacy Practices And Patient Acknowledgment Form

Healy Physical Therapy & Sports Medicine, Inc. is required by a federal law known as "The Health Insurance Portability and Accountability Act" (HIP AA) as well as by Rhode Island state law to maintain the privacy of your medical and health information; also referred to as "Protected Health Information" (PHI).

Our notice of Privacy Rights and Practices describes how information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully. When we use or disclose your Protected Health Information, we are required to abide by the terms of the notice (or any other Notice in effect at the time of the use of the disclosure).

You have the right to request in writing that we restrict how Protected Health Information about you is used or disclosed. We are not required to agree with this restriction, but if we do, you will receive written confirmation of our agreement to which we will be bound.

Your signature below constitutes your acknowledgement that you have received a copy of our Notice of Privacy Rights and Practices, and your consent under federal and state laws to the kinds of uses and disclosures of Protected Health Information mentioned in our Notice.

Patient Signature

Date

Personal Representative or Guardian Signature

Date

Relationship to Patient