



BodyWise Physical Therapy - Fitness
1667 Lucerne Drive Suite B
Minden, NV 89423
Phone: 775 - 783 - 7606
Fax: 775 - 783 - 7605
www.BWisePT.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge and understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health care records and information. I also understand that this information or records can and will be used to:

- » Inform, conduct, plan, and direct my treatment and follow - up among multiple health care providers who may directly or indirectly be involved in that treatment.
» Obtain payment from insurance companies, responsible parties, or third parties
» Conduct normal health care operations such as quality assessments through chart review, physician or therapist certification and record keeping of ongoing treatment
» Retain such data for mandated periods by private or workers compensation insurance, or for research related purposes.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosure of my health information. I understand this company has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the above address to obtain a current copy of this notice.

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

Patient Name/Other:

Relationship to Patient (if other):

Signature:

_____ Date:_____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

Table with 3 columns: Date, Initials, Reason