



The Hand & Physical Therapy Center Of Marin
A Physical Therapy Professional Corporation

5 Bon Air Road, Suite A -105, Larkspur, CA 94939
Karen Nugent, PT CHT

PHONE: 415 -927 -2007/ FAX: 415 -927 -7272

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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

- To conduct, plan and direct my treatment and follow -up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third -party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your Notice of Privacy P ractices containing amore complete description of the uses and disclosures of my health information. I understand that The Hand & Physical Therapy Center of Marin has the right to change its Notice of Privacy Practices from time to time and that I may cont act The Hand & Physical Therapy Center of Marin at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

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

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| Patient Name |
| Signature |
| Your Relationship to This Patient |
| Date |