



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

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### **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.

Patient Name
Signature
Your Relationship to This Patient
Date