

## Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of NW Sports Physical Therapy, Inc., P.S. The statement of privacy practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of the office health care operations. The statement of Privacy practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

NW Sports Physical Therapy, Inc., P.S. reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised statement at the time of my first visit after the revisions become effective. I may also obtain a revised statement by requesting that one be mailed to me.

### Disclosure Authority

As stated in the privacy practices I understand that NW Sports Physical Therapy, Inc. P.S. may give information to someone who helps pay for my care, or release medical information to a friend or family member who is involved in my medical care. They may also leave messages at my home regarding appointments.

In addition to the allowable disclosures described I hereby specifically authorize or decline disclosure of my protected health care information to other parties or persons indicated below:

ANY MEMBER OF MY IMMEDIATE FAMILY	____ YES	____ NO
SPOUSE ONLY	____ YES	____ NO
OTHER ( <i>PLEASE SPECIFY</i> ): _____	____ YES	____ NO

\_\_\_\_\_   
 Patient or Personal Representative Signature

\_\_\_\_\_   
 Date

### Office use only below this line

#### Record of Acknowledgement NOT Obtained

Provided prior to treatment? Yes No

Date Provided: \_\_\_\_\_

Reason for Denial:

- \_\_\_\_\_ Needed more time to review statement of Privacy Practices
- \_\_\_\_\_ Wanted to consult with another person before signing
- \_\_\_\_\_ Unable to sign
- \_\_\_\_\_ Reason not given
- \_\_\_\_\_ Other (explain): \_\_\_\_\_

NW Sports Physical Therapy, Inc. employee signature: \_\_\_\_\_