

Lattimore Physical Therapy and Sports Rehabilitation Network

At Lattimore Physical Therapy we respect our patient's right to privacy at all times. As required by the **Health Information Portability and Accountability Act** (HIPAA) we adhere to the standard set for in the **Notice of Privacy Practice** provided with your paperwork. Copies are available upon request. This document states that we reserve the right to contact you by mail or phone. We may leave a message regarding appointment confirmation, scheduling payment for service and treatment issues. By signing this agreement, you are granting us permission to do so. I hereby acknowledge that I have received a copy of Lattimore Physical Therapy's Notice of Privacy Practices.

HIPAA privacy notice is available upon request

If we may **NOT** release your information, to anyone other than your doctors, insurance company, and yourself; please initial below.

_____ **Lattimore Physical Therapy does not have my permission to release any PHI. ← please initial if you do not want to list a Personal representative**

Contacts / HIPAA

In addition to sending information via postal mail, please circle "YES" or "NO" to indicate how we may leave you messages regarding appointments.

Home phone – voice mail: YES or NO Mobile phone / text: YES / NO Work phone – voice mail: YES or NO

List below emergency contacts & individuals with whom you authorize us to discuss your appointment and medical information.

Name:	Relationship:	Phone Number:	Any restrictions:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION TO USE YOUR EMAIL ADDRESS

Email address: _____ **← please provide email address**

We will use your email address

- To discuss future appointments
- PHI or financial information by your request
- Newsletters
- Educational and informational emails about the benefits of physical therapy

Email address will not be sold to other marketing firms. Email(s) sent to you will comply with HIPAA standards

If you have any questions or concerns, please call Lisa Hoover at 585-582-0007.

Any restrictions: _____

Please note signing this below you have acknowledged Lattimore Physical Therapy HIPAA policy to protect your personal health information

Patient / Guardian Signature

Date