

Complete Physical Therapy, LLC
6309 Baltimore Ave. Suite 301
Riverdale, Maryland 20737
301 699 1580

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. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in my treatment directly and indirectly.

Obtain payment from third-party payer(s).

Conduct normal healthcare operations such as quality assessments and treatments.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Complete Physical Therapy is bound to abide by such restrictions.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____