



## Acknowledgement of Notice of Privacy Practices

*By signing this form, I am acknowledging that I have received the Mt. Stuart P.T., P.S. Notice of Privacy Practices.*

\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient's Name (**Please print**)

\_\_\_\_\_  
Patient's Date of Birth

Patient refused to sign this Acknowledgment of Notice of Privacy Practices

\_\_\_\_\_  
MSPT Employee Signature

\_\_\_\_\_  
Today's Date

Mt. Stuart P.T., P.S. 10171 Chumstick Hwy, Leavenworth, WA 98826 548-3133

File in Medical Record

# **Mt. Stuart Physical Therapy Notice of Privacy Practices**

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information.

## **Uses and Disclosures:**

Your health information will be used by Mt. Stuart Physical Therapy on your behalf, to enable treatment here or at other healthcare facilities, obtain payment for services, and in the healthcare operation of Mt. Stuart Physical Therapy including Quality Improvement. From time to time Mt. Stuart Physical Therapy may contact you for the purpose of appointment reminders or information about treatment alternatives or services that may be of interest and benefit to you.

Other uses and disclosures of your information will be made only with your written authorization which you may revoke at any time by providing us with written notice of the revocation.

You have the following rights with respect to your health information:

1. The right to inspect and copy protected health information;
2. The right to request that your protected health information be amended;
3. The right to receive an accounting of protected health information disclosed for other than treatment, payment, or operations purposes (referred to as non-routine disclosures);
4. The right to request restrictions on certain uses and disclosures of protected health information, which we shall review to make a determination as to whether or not such request will be accepted;
5. The right to receive confidential communications about your protected health information;
6. The right to request and receive a paper copy of this Notice of Privacy.

We are required by law, professional ethics, and guidelines to maintain the privacy of your protected health information. We are also required by law to provide you with this legal notice of our duties and privacy practices with respect to your health information.

We reserve the right to change the terms of our Notice of Privacy and to make the new notice provisions effective for all protected health information that we maintain. Revised Notice of Privacy shall be provided to you via regular mail delivery to your address of record, and/or your e-mail address of record.

## **Complaints:**

If you believe that your privacy rights have been violated you may file a complaint to Mt. Stuart Physical Therapy at 509-548-3133. The complaint must be in writing on paper or electronically. Mt. Stuart Physical Therapy as matter of law, professional ethics, and guidelines shall not retaliate in any manner against you for filing a complaint.

## **Contact Information:**

For additional information or clarification of our agency's privacy policies and procedures, or about filing a complaint please contact:

HIPPA Compliance and Privacy Officer Claudia Carani, Office Manager at 509-548-3133

Effective date of this notice is March 1<sup>st</sup>, 2007, the date of its original publication, distribution, and use.