



# HIPAA Privacy Act

As a Health Care Provider, Movement Physical Therapy adheres to the "Health Insurance Portability and Accountability Act" Privacy Rule.

Any information, which identifies a patient will be kept in a secure location and shredded when no longer needed. A patient or his/her legal representative (parent/legal guardian) must give signed consent for his/her information to be given to anyone else.

As a Healthcare provider, I will not disclose your name or any identifying information to anyone other than you or your legal guardian without your signed consent.

For a copy of the complete HIPAA Privacy Act, refer to <http://www.hhs.gov/ocr/hipaa>

### Consent for information disclosure

My information may be sent to the following individuals:

#### Primary Healthcare Provider (Physician, Nurse Practitioner or Physician Assistant):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

#### Other individuals who Movement Physical Therapy has permission to share patient information with:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Provider can leave health related messages on my telephone voice mail: Yes  No

Provider can leave a message with another person who answers my phone: Yes  No

Provider can send health related information to me by e-mail: Yes  No

Patient Name (print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Signature of legal representative (if patient is under 18 years) \_\_\_\_\_

Relationship of legal representative to patient \_\_\_\_\_