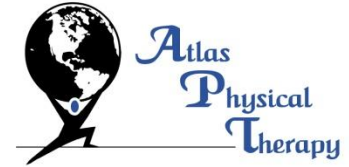


ATLAS PHYSICAL THERAPY
NOTICE OF PRIVACY PRACTICES



Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

Protected health information is individually identifiable health information, which includes:

- Name
- Address
- Telephone and or fax number
- Date of birth
- Social Security Number
- Payment history
- Name and address of employer
- Name and address of healthcare provider and or health plan
- Any other data that could disclose your identity

The Health Insurance Portability and Accountability Act Privacy Rule requires us to take reasonable steps to limit the use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose.

You have the right to review and receive a copy of our privacy policies. You have the right to request that we restrict how protected health information about you is used or disclosed. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you acknowledge that you have been informed of our privacy policies and procedures for the use and disclosure of your protected health information.

Is there **anyone else** who we may speak with concerning appointments, billing information or any other information we deem necessary to complete our tasks in providing you with quality health care?

Yes ___ No ___ If yes, what is the name of the person we can share your information with?

Signature of Patient, Personal Representative, or Guardian

Date

Print name of Patient, Personal Representative, or Guardian

Witness Initials