

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

We at Outpatient Physical Therapy keep a record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so or unless a legal request authorizes or compels us to do so. We will provide copies of your records to your insurance company as necessary to receive payment for our services. If you would like a copy of these records we would be happy to provide them to you for a small fee of \$15.00. You may see your records or get more information about them by contacting Outpatient Physical Therapy.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship

This form will be retained in your medical record.

Outpatient Physical Therapy



Auburn
701 M ST NE #102
Auburn, WA 98002
(253) 833-8766

Covington
16720 SE 271st #200
Covington, WA 98042
(253) 630-5808

Covington Satellite
27005 168th PL SE #200
Covington, WA 98042
(253) 639-4788

Kent
8009 S180th ST #112
Kent, WA 98032
(425) 226-7827

Maple Valley
26837 Maple Valley Hwy #200
Maple Valley, WA 98038
(425) 413-4425