



Patient Notification Policy

In compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule and our Notice of Privacy Practices, Professional Physical Therapy will not disclose your protected health information ("PHI") without your explicit authorization, except as permitted by law for the purposes of payment, treatment and health care operations. Furthermore, RX Physical Therapy and RAC will limit the use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. Therefore, RX Physical Therapy and RAC will only disclose your appointment information, such as reminders or cancellations, on an answering machine, voice mail, text message or e-mail, unless you inform us otherwise. This notice refers to RX Physical Therapy as "us" and "our," and to the patient/guardian as "I," "my," "you," "your," and "yourself."

I, the undersigned, hereby authorize RX Physical Therapy to disclose my appointment information by the following methods of communication and I assume all responsibility for ensuring that the methods of communication that I indicated below are secure, with password protection used where applicable:

Phone

E-Mail

If you choose to have your PHI communicated to individuals other than yourself, please accurately complete the information below and sign the authorization. I further agree to be responsible for notifying RX Physical Therapy if any of the foregoing change.

I, the undersigned, hereby authorize RX Physical Therapy to disclose my PHI to the person(s) named below.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Patient/Guardian Signature: _____ **Date:** _____