

Date: _____

Are you an ACAC member? Y N

First: _____ M.I.: _____ Last: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Age: _____ Sex: M F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) - _____ Cell Phone: (_____) - _____

Work Phone: (_____) - _____

Email Address: _____

Employer/School: _____ Occupation: _____

Emergency Contact: _____ Phone: (_____) - _____

Relationship: _____

Referring Physician: _____ Phone: (_____) - _____

Primary Care Physician: _____ Phone: (_____) - _____

Date of Injury/onset: _____

Is this the result of an accident? Y N

If Yes, what type of accident? Auto Work Other _____

Who can we thank for your referral? _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Kinetic Physical Therapy LEGAL DUTY

Kinetic Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Kinetic Physical Therapy uses your personal health information primarily for treatment, obtaining payment for treatment, conduction internal administrative activities, and evaluation the quality of care that we provide. For example, Kinetic Physical Therapy may use your personal health information to contact you to provide appointment reminders, or information about treatment alternative or other health related benefits that could be of interest to you.

Kinetic Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We may provide de-identified information for research studies. We also provide information when required by law.

In any other situation, Kinetic Physical Therapy's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason you may later revoke that authorization to stop future disclosures at any time.

Kinetic Physical Therapy may change its policy at any time. When changes are made, a new notice of information practices will be posted in a common area of our clinic. You may also request an update copy of our Notice of Information Practices at any time.

PATIENTS' INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. Kinetic Physical Therapy will consider all such requests on a case by case basis, but the company is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Kinetic Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, you may send a written complaint to the US Department of Health and Human Services.

I have read and fully understand Kinetic Physical Therapy's Notice of Information Practices. I understand that Kinetic Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluation the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the company in writing. I also understand that Kinetic Physical Therapy will consider requests for restriction on a case by case basis, but does not have to agree to request for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Kinetic Physical Therapy's and Notice of Information Practices. I understand that I retain the right revoke this consent by notifying the company in writing at any time.

Patient Name

Signature

Date