



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT”

I, _____, received a copy of Inspire Health’s Notice of Privacy Practices.

Signature: _____

Date: _____

PATIENT PRIVACY NOTICE

HIPPA is an acronym for the Health Insurance Portability and Accountability Act of 1996 (Federal Law). Of significant concern to healthcare organizations is the Administrative Simplification Section of the Act, which requires healthcare organizations to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals, employers
- Healthcare Transaction & Code Sets for transmitting data electronically
- Privacy regulations over disclosure and use of health information
- Security regulations over protections of electronic health information

It is our policy to not release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning phone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone. If you would like to have information released to someone other than yourself, please complete the following:

I, _____, hereby authorize Inspire Health’s staff to leave medical information pertaining to my care by telephone, email or voicemail and will assume responsibility to notify them whenever this information changes.

Signature: _____

Date: _____

SELF REFERRAL

A physical therapy diagnosis is not a medical diagnosis by a physician or based on radiological imaging. Services might not be covered by the patient's health plan or insurer.

I have read and understand the above statements.

Signature: _____

Date: _____

CONSENT TO TREATMENT

I consent to treatment by the authorized personnel of Inspire Health as may be dictated by prudent medical practice by my illness, injury or condition. This is intended as a waiver of liability for such treatment excepting acts of negligence.

Signature: _____

Date: _____