Hope PT
Manual Physical Therapy
Relieving Pain. Restoring Function. Renewing Hope.

10412 Allisonville Rd – Ste 112
Fishers, IN 46038
Phone: 317-288-7763
Fax: 317-288-7765
E-Mail: info@hope-pt.com
Web: www.hope-pt.com

HIPAA PRIVACY PRACTICES
PATIENT NOTICE and ACKNOWLEDGEMENT

HIPAA NOTICE and ACKNOWLEDGEMENT

This acknowledges that I have read and fully understand the **Hope PT LLC** Notice of Privacy Practices.

I understand **Hope PT LLC** may use or disclose my personal health information for the following purposes:

- Treatment, appointment reminders, and other day-to-day operation purposes.
- Obtaining payment for treatment.
- Quality assurance to ensure optimal care is being provided to me.
- Public health, auditing, research studies, emergency purposes or when required by law (without prior authorization).

I understand I have the right to:

- Restrict how my personal health information is used by making a written request that **Hope PT LLC** not use or disclose my personal health information for treatment, payment and administrative purposes except when specifically authorized by me or when required by law for emergency purposes.
- I understand that **Hope PT LLC** is not legally bound to accept such requests and will consider such on a case-by-case basis.

I am aware that **Hope PT LLC** will make every effort to provide privacy during my treatment session, but, due to the nature of the rooms, other clients may be in the waiting or exercise areas. Every effort will be made to minimize verbal and visual exposure, however scheduling issues may limit this ability.

I hereby acknowledge to the use and disclosure of my personal health information for the purposes noted in **Hope PT LLC**'s **Notice of Privacy Practices**. I understand I retain the right to revoke this acknowledgement by notifying **Hope PT LLC** in writing at any time.

Should I wish to receive a copy of **Hope PT LLC**'s **HIPAA Notice**, I will ask for a copy and **Hope PT LLC** will provide a copy.

_____ _____

(Patient Name/Signature) **(Date)**