



# Optimum Care Physical Therapy, LLC

Where care matters

Phone: 404. 993. 5155

Fax: 404. 334. 3227

Email: [contact@theoptimumcare.com](mailto:contact@theoptimumcare.com)

Website: [www.theoptimumcare.com](http://www.theoptimumcare.com)

## **ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

I have been informed of my rights to privacy regarding my protected health information, under Health Insurance Portability and Accountability Act (HIPPA), 1996. I understand that this information can and will be used to:

- Provide and coordinate my treatment among health care providers who may be involved in treatment directly.
- Obtain payment from third party payers for my health care services.
- Conduct normal health care operations such as quality assessment and improvement activities.
- I have been informed of Optimum Care Physical Therapy, LLC's Notice of privacy practices containing a more complete description of the uses and disclosure of my protected health information.
- I have been given a chance to review and receive a copy of such Notice of Privacy Practices.
- I understand the Optimum Care Physical Therapy, LLC. Has right to change the Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices.
- I understand that I may request, in writing that Optimum Care Physical Therapy, LLC, restrict how my private information is used or is closed to carry out treatment, payment or health care operations and I understand that Optimum Care Physical Therapy, LLC, is not required to agree to my requested restriction, but if Optimum Care Physical Therapy, LLC. does agree then the Optimum Care Physical Therapy, LLC, is bound to abide by such restrictions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

DEPENDENT FAMILY MEMBERS ALSO COVERED BY THIS ACKNOWLEDGEMENT:

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