

## **HIPAA NOTIFICATION**

## Notice of Privacy Practices for Protected Health Information Health Insurance Portability & Accountability Act of 1996 (HIPAA)

Due to increased awareness of the need for more strict guidelines regarding privacy of your protected health information, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) was legislated, effective April 14, 2003. As part of this law, HealthWell Physical Therapy Group is required to provide you with the option of receiving a copy of this Notice. You are able to receive this Notice either on paper or electronically.

If you wish to receive a paper copy of the Notice, please sign under the Acknowledgment section below. If you decline to receive a paper copy of such Notice at this time, please sign under the Waiver section below, knowing it is available to you in the future should you wish to receive it.

Acknowledgment

(sign at HealthWell office visi	t)	
_	dge with my signature that I have received a pag my responsibility to read and be aware of these	· ·
Print Name	Signature	Date Signed
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<b>Waiver</b> (sign and bring to first appoi	ntment)	
such Notice. I am aware that website, www.healthwellpt.co	of my right to receive a paper copy of the abov this Notice is available to me online at HealthWe om, and I choose to receive such Notice electron I be aware of these rights as outlined in the Notice	ell Physical Therapy Group's ically. I understand that it is
Print Name	Signature	Date Signed