

Name: _____

Date of Birth: _____

Summary Notice of Privacy Practices

BIOKINETIC Physical Therapy is committed to preserving the privacy of your personal health information. We are required by law to protect the privacy of your medical information and to provide you with notice describing:

- 1) HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND
- 2) HOW YOU CAN GET ACCESS TO THIS INFORMATION

Please review the following carefully:

"Protected health information" is information about you, including demographic information, present or future physical or mental health or condition and related health care services. We are required by law, in most instances, to have your written consent before we use or disclose to others your medical information for the purpose of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We may sometimes use or release your information without your consent or authorization as may be required or permitted by certain laws.

You have the right to the following:

- Look at and make copies of your protected health information
- Ask us to not release parts of your protected health information
- To be told when we release your protected health information
- Ask us to contact you only in certain ways
- Request us to change parts of your protected health information
- File a complaint if you think your rights have been violated

THIS IS ONLY A SUMMARY.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our notice from time to time. You have the right to obtain a copy of our most recent Notice in effect. Please ask the front desk if you wish to receive a full copy of our Notice of Privacy Practices.

If you have any questions, concerns, or complaints about the Notice or your protected health information, please contact us at hi@biokineticpt.com.

My signature below indicates:

- I have been provided with the Summary Notice of Privacy Practices and I am aware that I may obtain the most recent copy of the Notice of Privacy Practice in its entirety at the front desk or by emailing hi@biokineticpt.com.
- I authorize BIOKINETIC Physical Therapy to use and disclose my health and medical information for the purposes of Treatment, Payment, and Healthcare Operations.

Signature: _____

Date Today: _____