



**Granite State Physical Therapy Policy  
Regarding the Health Insurance Portability and Accountability Act (HIPPA)**

**Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Your health information is private and protected as such. We at Granite State Physical Therapy, PLLC, are required by the Federal Government to provide you with this notice. Our staff is required to protect the confidentiality of your health information and to disclose it to only those who need to know (insurance company and referring physician) or to whom you have give your permission for disclosure (attorneys, relatives).

This protection extends to faxed information as well as oral or written information about your health.

You have the right to request an accounting of your physical therapy treatment, payment or health care operations carried out in this office.

We shred all documents that are discarded that contain patient names. All patient charts and patient information on the computer is kept in a confidentially enhanced position in the clinic. All requests for patient information must include the patient's full name, date of birth and address.

**COMPLAINTS:** If you believe your privacy rights have been violated, you can file a complaint to the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint. This notice is effective on 4/03/2003.

**EXCEPTIONS:** the Federal government allows us to use your health information without your consent in the following: treatment, public health, research, abuse reporting, workers compensation, patient directories, payment, law enforcement, Judicial or administrative proceedings, correctional facilities, when required by law, health operations, national security, military activities, and health or safety activities.

**Consent to Treat:** The undersigned consents to the procedures which may be performed during Physical Therapy visits.

The undersigned agrees, whether signing as agent or patient, that in consideration for the services rendered to the patient, he/she will pay the account of Granite State Physical Therapy in accordance with regular terms. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorneys fees and collection expenses. The undersigned authorizes direct payment to Granite State Physical Therapy of any insurance benefits otherwise payable on behalf of the undersigned for outpatient treatment services. It is understood by the undersigned that he/she is financially responsible for any charges not covered by this assignment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient / Parent / Guardian / Conservator

Time: \_\_\_\_\_

\_\_\_\_\_  
Printed Patient Name

Witness: \_\_\_\_\_

\_\_\_\_\_  
Relationship to Patient