ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of **Harada Physical Therapy and Rehab Services Inc, PS.** The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Harada Physical Therapy and Rehab Services Inc, PS reserves the right to change the privacy practices currently described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed or otherwise transmitted to me.

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my Protected Healthcare Information to the person(s) identified below*. I understand that the default answer is "NO". Without indicating "YES" in answer to each individual question, personal protected (PHI) cannot be shared with anyone unless otherwise allowed by HIPAA rules.*

Please indicate authorized person(s) below

Spouse only (Please print spouse's name and DOB):	☐ YES ☐ NO
OR	
Any member of immediate family: (Spouse, Children's Spouses)	☐ YES ☐ NO
Any member of extended family: (Parents, Grandchildren)	☐ YES ☐ NO
Other:	☐ YES ☐ NO

Name of Patient (please print):_____ **Date:**_____

Patient Signature X_____

PERSONAL REPRESENTATIVE USE ONLY

Patients Personal Representative (Please Print):_____ Date:_____

Personal Representative Signature:_____

Representative's Phone Number:_____