

**DENISE ALBERTO PHYSICAL THERAPY, Inc.**

3425 S. Bascom Ave., Ste. F

Campbell, CA 95008

PHONE: 408-307-0901

FAX: 408-384-5108

**NOTICE OF PRIVACY PRACTICES**

Due to the new law, the Health Insurance Portability and Accountability Act (HIPAA), our office is now required to give you notice of our privacy practices. Please read the following information carefully and sign when you have completed and understood the information.

- Your health information may be disclosed to those involved in your treatment, including staff and business associates involved in the operation of the practice.
- We may use or disclose your health information at your request to help you receive payment for our services.
- We may release your health information when required by law.
- Except when described as above, this practice will not use your health information without your prior written authorization. This authorization may be revoked in writing, except to the extent that action has already occurred.
- You have a right to receive the protected health information created and /or ordered by this office.
- You have the right to request in writing an amendment or change to your health information.
- You will be notified at your appointment if any changes are made to this notice.
- You have the right to receive a copy of this notice.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Ave. S.S., Room 9F, Washington D.C. 20201; however, before doing so please contact me with any concerns at (408) 307-0901.
- This goes into effect on February 1, 2006.

I have read this Notice of Privacy Practices.

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Guardian's Name if under 18 y/o)

\_\_\_\_\_  
(Today's Date)