

Ando & Aston Physical Therapy
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices from Ando & Aston Physical Therapy.

I may be contacted at the numbers/addresses listed below regarding my current treatment, scheduling or financial arrangements. Best method of contact (check)

_____ Email: _____

_____ Phone 1: _____

_____ Alternate: _____

You may communicate with the persons listed below regarding my current treatment, scheduling or financial arrangements.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

 Patient Name (Print)

 * Patient or Guardian Signature

 Date

ACCOUNTING OF DISCLOSURES OF PHI (office use only)

(Accountings do not have to include disclosures for treatment, payment, healthcare operations, unless there is a written request of restriction)

Date	Disclosed to Whom Address or Fax Number	Authorized (yes/no)	Description of PHI	Purpose of Disclosure	Disclosed by	Method Sent