## **Kinetic Institute Physical Therapy**

## **HIPAA-Privacy Act Information**

The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment or evaluation shall be considered individually identifiable health information. Confidentiality of this health information must be maintained at all times, and may only be disclosed with the express written consent of the patient. Non-individually identifiable health information (e.g. health information that cannot be linked to a specific patient) is not included within the definition of protected health information.

Patient information can be used or disclosed only for purposes of health care treatment, payment and operations. Health information cannot be used for purposes not related to health care without direct authorization from the patient.

The provider shall not publish or otherwise make generally available any information or data that identifies a patient for purposes other than treatment, payment or other health operations without his or her express written consent.

All individually identifiable health information shall be maintained by the provided in a confidential manner that prevents unauthorized or inadvertent disclosure to third parties.

I have read this form and understand my rights to privacy as a patient.

Patient/Guardian Signature:  Date:	
referral from a docto	provide an individual with physical therapy treatment without a written r, the individual must provide informed consent. To acknowledge your receive "direct access services" please sign below.
	(print name) chose direct access to physical therapy services have a licensed doctor of medicine informed of the initiation of physical d treatment.
Patient/Guardian Nar	ne (signature):
Date	