

A-1 Physical Therapy

HIPPA

To Our Patients

On April 24th, 2003, the state of Florida passed a Patient Privacy Act. The paperwork that we are asking you to fill out is a Federal Law and must be in all patient charts. If you would like to designate someone to have access to your medical records for an reason, such as appointments, test results, picking up prescriptions, or having any other information in your chart, please list that person on line 3 of the Authorization for Disclosure of Health Information form. If you do not wish to have your medical records disclosed to anyone other than yourself and be available to you, please list "self."

Notice of Privacy Act Acknowledgement

I acknowledge that the notice of privacy practices has been given or made available to me upon request by A-1 Physical Therapy.

Advance Directive/Living Well/ Power of Attorney

I, _____, notify A-1 Physical Therapy that I have the following documentation in place for my medical care.

(circle YES or NO for the following)

YES NO I have an Advance Directive as of _____

YES NO I have a Living Will as of _____

YES NO I have a Durable Power of Attorney _____
My Power of Attorney is _____

Signature _____ Date _____

Witness _____ Date _____