

HIPAA Acknowledgement



Notice of Privacy Practices for Protected Health Information Health Insurance Portability & Accountability Act of 1996 (HIPAA)

Due to increased awareness of the need for more strict guidelines regarding privacy of your protected health information, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) was legislated, effective April 14, 2003. As part of this law, Active Marin Physical Therapy is required to provide you with the option of receiving a copy of this Notice. You are able to receive this Notice either electronically or on paper.

If you decline to receive a paper copy of such Notice at this time, you may request one at a later time should you wish to receive it.

I **decline** to receive a paper copy at this time

*I, the undersigned, am aware of my right to receive a paper copy of Active Marin Physical Therapy's HIPAA Notice and have **declined** such Notice. I am aware that this Notice is available by request. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.*

Print Name

Signature

Date

I have **requested & received** a paper copy of HIPAA Notice

I, the undersigned, acknowledge with my signature that I have received a paper copy of the above-mentioned Notice. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

Print Name

Signature

Date