

## 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 and online at [www.activemarin.com/forms/](http://www.activemarin.com/forms/). I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

**OR**

### 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.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_