

Physical Therapy Center Of Greenpoint

Gerard Fiordalisi, P.T. D.P.T.

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

PHYSICAL THERAPY CENTER OF GREENPOINT

8 MCGUINNESS BOULEVARD SOUTH

BROOKLYN, N.Y. 11222

(718) 389-3131

NAME: _____ DATE OF BIRTH: _____

I UNDERSTAND THAT, UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, I HAVE CERTAIN RIGHTS TO PRIVACY IN REGARDS TO MY PROTECTED HEALTH INFORMATION (PHI). I HAVE RECEIVED, READ AND UNDERSTOOD THE NOTICE OF PRIVACY PRACTICES.

THE PHYSICAL THERAPY CENTER OF GREENPOINT RESERVES THE RIGHT TO CHANGE THE TERMS OF THE NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT I CAN REQUEST A COPY OF REVISED NOTICE OF PRIVACY COPY BE SENT TO ME IN THE MAIL OR ASKING FOR ONE AT THE TIME OF MY NEXT APPOINTMENT.

SIGNATURE OF PATIENT

DATE

WITNESS