

CLACKAMAS PHYSICAL THERAPY ASSOCIATES, INC.



"Putting your life back in motion"

CLACKAMAS PHYSICAL THERAPY ASSOCIATES, INC.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date April 14, 2008

Updated February 1, 2013

I hereby acknowledge that I have received a copy of Clackamas Physical Therapy Associates, Inc. notice of privacy practices. I understand that a copy of this is available to me at the clinic upon request. I understand that if I have a question or complaint regarding my privacy rights that I may contact the Office Manager at Clackamas Physical Therapy Associates, Inc. I further understand that the practice will offer me updates to this notice of privacy practices should it be amended, modified or changed in any way during the extent of my treatment.

Patient or Representative Signature

Date

Print Name

_____ Patient Unable to Sign

Reason Unable to Sign

Employee Signature