

Summary Notice of Privacy Practices

Harbor Physical Therapy & Wellness Clinic is committed to the privacy of your personal health information. We are required by law to protect your personal medical information and provide you with the following notice describing:

--How medical information about you may be used and disclosed

-- How you can access this information

"Protected health information" is your personal medical record including: demographic information, past, present, and future physical and mental condition, and related healthcare services. As required by law, we must have your written consent prior to disclosing medical information for the purpose of providing healthcare and arranging services, payment/reimbursement of provided healthcare, and related administrative activities required to support your treatment.

We may at times use or release information without your authorization as is necessary and permitted under current laws.

You have the right to the following:

- View and make copies of your protected health information
- Request us not to release your protected health information
- To be alerted when your protected health information is released
- File a complaint if you feel certain rights are violated
- Request us to change parts of your protected health information

THIS IS ONLY A SUMMARY

We have available a detailed Notice of Privacy Practices which explains your rights and our requirements under current law. This may be revised periodically. You have the right to obtain a copy of our most recent Notice in effect. Please ask the front desk, if you wish to receive a copy of your full Notice of Privacy Practices.

If you have any comments, questions, or concerns regarding this document, please feel free to contact Mike Goodman, MPT @ 360-331-3969.

Signing below indicates:

1) I have been provided the Summary Notice of Privacy Practices and I am aware a complete copy of this notice is available upon my request

2) I authorize Harbor Physical Therapy & Wellness Clinic to use and disclose my health and medical information for the purpose of treatment, payment, and general healthcare operations

Patient's Printed Name: _____

Signature

Date