



POSITIONAL RELEASE THERAPY INSTITUTE

Patient Privacy Notice

The department of Health and Human Services has established a privacy rule to help insure that personal health care information is protected for privacy. The privacy rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, or healthcare operations in order to provide health care that is in your best interest. We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with doctors and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent. You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken that relied on this or a previously signed consent. If you have any objections to this form please ask to speak with the owner of the Positional Release Therapy Institute. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Compliance Insurance Notification for Our Patients

This misuse of PHI has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees understand and comply with government rules and regulation regarding the Health Insurance Portability and Accountability Act (HIPPA) with particular emphasis on the privacy rule. We strike to achieve the very highest standards of ethics and integrity in performing services for our patients. It is our policy to properly determine appropriate use of PHI and accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. Please print name, provide signature and date below if you have read, understand and agree with this document and its tenets.

Learning, Education and Research Notification

The Positional Release Therapy Institute (PRT-i™) is a learning/educational and research institution. Therefore, we often provide opportunities for students of our Institute to learn and practice their clinical skills with our patients upon their consent. It is your right to refuse treatment from a student or request treatment from another practitioner at the Institute other than a student. Additionally, the Institute collects data on your treatment progress to facilitate improved quality of care for you and our patients. There may be times, we use this data for the purpose of publication and if this is the case, no personal identification information will be utilized for the purpose.

Please print name, provide signature and date below if you have read and understand and agree with this document and its tenets.

Patient Name _____

Patient Signature

Date

Parent Signature, if patient is a minor

Date