PRIVACY PRACTICE NOTICE

Live Well Physical Therapy
623 River Road, Suite 5
Fair Haven, NJ 07704

I understand that, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.

I hereby acknowledge that I have received a copy of the Notice of HIPAA Privacy Policy for Live Well Physical Therapy, LLC.
Name of Patient_____Date of Birth_____

Signature of Patient/Guardian_____Date_____

Due to new HIPAA privacy laws, we are limited as to what information in your medical records can be shared with any other person except you. By checking the appropriate lines below, you are allowing our office to release your health care information in limited cases. You may revoke your consent at any time, in writing, to our office.

Live Well Physical Therapy may speak with my family members/spouse/other listed below, about my appointments, medical condition, evaluation and treatment plan and/or recommendations.

Name_____Telephone #_____

Relationship to Patient_____

Name_____Telephone #_____

Relationship to Patient_____

Name_____Telephone#_____

Relationship to Patient_____

Live Well Physical Therapy may forward physical therapy notes to other physicians or case managers who are participating in my care.

Patient's
Signature:_____Date:_____

Print Patient Name:_____