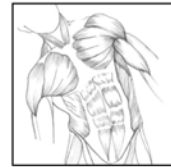


**M O V E M E N T  
S Y S T E M S**  
Physical Therapy, P.S.  
(206) 405-1864 (206) 405-4376 fax



3221 Eastlake Ave. East, Suite 110. Seattle, WA 98102

**PATIENT ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care services.
- Conduct normal health care operations such as quality assessment and improvement activities.

I have been informed of Movement Systems Physical Therapy's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of *Notice of Privacy Practices*. I understand that Movement Systems Physical Therapy has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I understand that Movement Systems Physical Therapy is not required to agree to my requested restrictions, *but if you do agree* then you are bound to abide by such restrictions.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient if not self: \_\_\_\_\_

I give my permission for the following individuals to request treatment or account information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Practices due to the following reason:

\_\_\_\_\_