



**Southern Oregon Physical Therapy Associates, Inc.**

924 S. Riverside • Medford, OR 97501 • (541) 773-7678 • Fax: (541) 773-5517

◆ Email: [sopta@integra.net](mailto:sopta@integra.net) ◆ website: [southernoregonphysicaltherapy.com](http://southernoregonphysicaltherapy.com) ◆

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

*(To be retained by Medical Provider)*

I understand that Southern Oregon Physical Therapy Associates, Inc., (referred to below as “the clinic”) will use and disclose health information about me in the course of providing physical therapy care to me.

I understand that the clinic is permitted to use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment; Refer to, consult, and coordinate with other health care providers in the course of my treatment;
- Determine my eligibility for health plan or insurance coverage, and submit bills, claims, and other related information to insurance companies or others who may be responsible to pay for some or all of my health care;
- Perform various office, administrative, and business functions that support the clinic’s ability to provide me with appropriate care and arrange for payment.

I also understand that I have the right to receive a written *Notice of Privacy Practices* that describes how the clinic uses and discloses health information, and the information practices followed by the clinic staff, and my rights regarding my health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request. I also understand that a copy or a summary of the most current version of the clinic’s *Notice of Privacy Practices* in effect will be posted in the waiting/reception area.

I understand that the *Notice of Privacy Practices* describes how I can exercise my right to ask that some or all of my health information not be used or disclosed, and I understand that the clinic is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understand the information above and that I have received a copy of the *Notice of Privacy Practices*. *(If patient is a minor, a parent or guardian must sign this release.)*

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Parent/Guardian Signature Printed Name

OR

\_\_\_\_\_  
Patient Representative Signature

\_\_\_\_\_  
Date

Description of Representative’s Authority: \_\_\_\_\_

\_\_\_\_\_



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Effective Date: 4/14/2003

## PATIENT PRIVACY POLICY

We are required by law to protect the privacy of your medical information and to provide you with a detailed written notice describing how this clinic may use or disclose medical information about you and how you can obtain or correct this information.

Here is a brief summary:

- We may use your medical information or disclose it to others in order to provide or arrange for your health care, to arrange payment or reimbursement for the care that we provide to you, or to carry out administrative activities related to or supporting your treatment.
- We may be required or permitted by certain state or federal laws, regulations, or legal circumstances to use or disclose your medical information for certain purposes without your authorization. Under other circumstances we may need your written authorization (that you may later revoke) in order to use or disclose your medical information.
- As our patient, you have important rights regarding your medical information in this clinic. You have the right to inspect, copy, amend, or correct that information, obtain an accounting of disclosures of your medical information, request that we communicate with you confidentially, and request that we restrict certain uses and disclosures of your health information. We have a procedure for filing a complaint if you think your rights have been violated. Please ask us if you have any questions.
- We will provide a detailed Notice of Privacy Practices to you which will fully explain your rights and our obligation under the law. We may revise our Notice of Privacy Practices from time to time. The Effective Date at the top right hand of this page indicates the date of the most current Notice of Privacy Practices in effect.
- You have the right to receive a copy of our most current Notice of Privacy Practices. Please ask the staff at the front desk and we will provide you with a copy.
- If you have any questions, concerns, or complaints about the Notice of Privacy Practices or your medical information, please contact us at (541) 773-7678.

*(Please fill out other side)*