

Peak Physical Therapy
14841 179th Ave Se #340
Monroe WA 98272
360-794-7520

NOTICE OF PRIVACY PRACTICES-ACKNOWLEDGEMENT

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels the Privacy Officer Dennielle Hogle.

Our **Notice of Privacy Practices** are located at the front desk for you to take a copy for your records. This describes in more detail how your health information may be used and disclosed, and how you can access your information.

I acknowledge receipt of the Notice of Privacy Practices of Peak Physical Therapy.

Patient or Personal Representative Signature

Date

Please include the names of persons with whom we are allowed to discuss your billing information and/or condition:

Name

Relationship

Name

Relationship

Name

Relationship

I authorize Peak Physical Therapy to discuss my billing information and/or condition with the above named person(s).

Patient or Personal Representative Signature

Date

May we leave a detailed message at any of the phone numbers you provided, either on your answering device or with whoever answers the phone?

_____ Yes _____ No

This form will be retained in your medical chart.