



3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services (**Office for Civil Rights/U.S. Department of Health & Human Services**) if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, **Dallas Lato** at (480) 396 - 2781 **or** contactphysicaltherapy.com for further information about the complaint process.

This notice was published and becomes effective on **September 23 2013**.

ACKNOWLEDGEMENT (to be signed by patient)

I, _____, hereby acknowledge that I have received and have had the opportunity to review the Notice of Privacy Practices.

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO INDIVIDUALS INVOLVED IN PATIENT'S CARE:

Information about your health and health care is filed in your medical record. There may be times when it is necessary for an individual involved in your care to call this office to inquire about your personal health information or billing information. Please take a moment to complete this form regarding how you wish to have this information released.

Such persons involved in your care may include spouses, children, blood relatives, roommates, boyfriends/girlfriends, domestic partners, neighbors, and colleagues.

I wish to allow my health information to be disclosed to the following individuals involved in my care:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

I do NOT wish to allow my health information to be disclosed to the following individuals involved in my care:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Signature of Patient (or Patient's Representative)

Date