



HULST JEPSEN
PHYSICAL THERAPY

2120 43 rd St SE, Suite 100 Grand Rapids, MI 49508 Ph: (616) 281-1144 Fax: (616) 281-1221	3282 Clear Vista Ct, Suite A Grand Rapids, MI 49525 Ph: (616) 365-2709 Fax: (616) 365-3174	4124 56 th St SW, Suite 2 Grandville, MI 49418 Ph: (616) 855-1495 Fax: (616) 855-1496	1810 W. Washington, Suite 4 Greenville, MI 48838 Ph: (616) 225-2325 Fax: (616) 225-2366	Tom Hulst PT John Jepsen PT Tara Anderson PT Jennifer Kornowski PT	Jeff Carter PT Dave Beckett PT Stacy Tarrh PT
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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. We use this information, referred to as your health or medical record, as a basis for planning your care and treatment, a means to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information and to make more informed decisions when authorizing disclosure to others.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our office. You also may send a written complaint to the U.S. Department of Health and Human Services. Our office can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Acknowledgment

I acknowledge receipt of this notice of privacy practices. I understand that I may request additional restrictions on the use and disclosure of my protected health information or for additional confidential treatment of communications.

Signature of patient or personal representative Date

If signed by personal representative, relationship to patient



(OFFICE USE ONLY)

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Reason: Initials: Date