Dynamic Rehab LLC

HIPAA Acknowledgement of Receipt of Notice of Privacy Practices

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq. and regulations there under, as amended from time to time (collectively referred to as "HIPAA"). This authorization affects your rights the privacy of your personal healthcare information.

By signing this authorization, you acknowledge and agree that Dynamic Rehab or its business associates may use or disclose your Protective Health Information (PHI) for the purpose of providing treatment, for purposes of relating to the payment of services rendered, and for the Practice's healthcare operations purposes.

Further, by signing this authorization, you acknowledge that you have been provided a copy of and have read and understand Dynamic Rehab's Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While this office has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available and can be received by sending a written request with return address to the center where you were seen.

By signing below, you are acknowledging that you have received, reviewed, understand and agree to the Notice of Privacy Practices of Dynamic Rehab, which describes Dynamic Rehab's policies and procedures regarding the use and disclosure of any of your Personal Health Information created, received, or maintained by the Practice.

Acknowledged and agreed to by:

Patent Name: _____

Patient Signature: _____ Date: _____

OR, ON BEHALF OF PATIENT

By: _____

Signature: _____ Date: _____

Relationship: _____