Mid-South Physical Therapy, Inc.

# PRIVACY POLICY

We understand that your medical information is personal to you and we are committed to protecting this information. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide. In order to comply with Healthcare Privacy requirements, we require documentation to show you are aware of our commitment to protecting your privacy. Our Notice of Information Practices provides information about how we may use and disclose protected health information about you. *You have the right to review our Notice before signing this consent*.

**Patient Information Acknowledgement**

I have read and fully understand the Mid-South Physical Therapy Notice of Patient Information Practices. I understand that MSPT may use or disclose my personal health information for the purposes of carrying out treatment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to amend or restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that MSPT will consider requests for amendment and/or restriction on a case by case basis, but does not have to agree to these requests.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in MSPT Notice of Information practices. I understand that I retain the right to revoke the consent by notifying the practice in writing at any time.

Patient Name _____ Signature _____ Date _____

Release of Records

We understand that you may at times need persons other than yourself to have access to your medical or billing information. Please indicate below the name of the person or persons you authorize to have access.

| Name | Relationship | Contact Number |
|---|---|---|
| Name | Relationship | Contact Number |
| Name | Relationship | Contact Number |

Signature (if authorizing release of records) _____ Date _____

**Effective May 1, 2009**, health care providers, including physical therapist facilities, must comply with the Federal Trade Commission's (FTC) "Red Flag" rule, which requires creditors to establish a program to prevent identity theft in their practices. This requirement is part of the FTC's implementation of the Fair and Accurate Credit Transactions Act of 2003. The FTC recommends a compliance program for "low-risk practices" (small practices with a limited, well-known patient base) that involves checking photo identification and developing policies to deal with theft of a patient's identity. Accordingly, **Mid-South Physical Therapy will now require positive identification of all patients (and guardians as applicable) at the outset of any treatment provided in this facility.**

More information regarding the FTC "Red Flag Rule" may be found at www.ftc.gov