

# Your Health Information Privacy Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Under this law your health care provider generally can not give your information to your employer, use or share your information for marketing or advertising purposes, or private notes about your mental health counseling sessions without your written consent. As one of your health care providers it is our responsibility to keep your information safe and secure. We also need to make sure that your information is protected in a way that does not interfere with your health care. It is important that you understand that your information can be used and shared in the following ways:

1. For your treatment and care coordination. Multiple healthcare providers may be involved in your treatment directly or indirectly.
2. Check the public health, such as reporting the flu in your area.
3. To make require reports to the police, such as a gun shot wounds.
4. To obtain payment from third-party payers

Email communication: Mary Cox often you to utilizes emails to correspond with their clients. However, such email correspondences are not secure. They could theoretically be intercepted, read and information could be misused. I understand that such communications are not secure and thereby release Mary Cox / Cox Physical Therapy from any responsibility or liability in connection with using unsecured email for communication. Understand that I could choose not to provide an email address or to request, in writing, that my email be removed from my file and Mary Cox /Cox Physical Therapy will no longer use email correspondence with me. Regardless, if at any time I email a question to Mary Cox / Cox Physical Therapy, I hereby authorize a reply via unsecured email and agree not to hold Mary Cox / Cox Physical Therapy responsible for any interception or miss use of such information.

Notice of Privacy Practices: You have the right to read our notice of privacy practices before you decide whether to sign this consent. Our Notice provides a description of the uses and disclosures we may make to your protected health information and of other information important matters about your protective health information. We encourage you to read it carefully before signing this consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You can obtain a copy of our Notice of Privacy Practices at any time by contacting: Cox physical therapy - 2900 Bristol St. J107, Costa Mesa, CA 92626. Phone: 949.226.9681. [coxphysicaltherapy@gmail.com](mailto:coxphysicaltherapy@gmail.com)

Right to Revoke: You have the right to revoke this consent at any time by giving written notice of your revocation submitted to the contact above. Please understand that revocation of this consent will not affect action we took in reliance on this consent before received your revocation, and that we may decline to treat you are continue treating you if you have this consent.

I \_\_\_\_\_ have had full opportunity to read and consider the contents of this consent form and Notice of Privacy Practices. I understand that by signing this consent form I am giving my consent to your use and disclosure of my protected health information to carry our treatment, payment and healthcare operations.

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Patient Name (Please print. Include parent / guardian name if patient is a minor.)

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Patient Signature \_\_\_\_/\_\_\_\_/\_\_\_\_ Date.