Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

\_\_\_\_ I have chosen not to receive a copy at this time. I am aware I may receive one later, if I so choose.

\_\_\_\_ I have read through and understand my rights explained in the HIPAA documentation.

If I have more questions and /or would like additional information, I understand that I may contact Jessica Villa at (505) 286-7838.

I give Active Solutions consent to use my information as noted in the HIPAA Notice of Information Practices document.

If we receive a call from your family member or a friend, is it ok that we tell them that you are in our clinic? With whom may we share information?

 Name Relationship

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name*

*Signature* *Date*

Appointment Reminders:

Active Solutions Therapy offers appointment reminders. How do you prefer to be contacted about your appointment?

\_\_\_\_ Email: Address to use for Appointment Reminders, Active Solutions News/Updates and Home Exercise Programs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ Text: Cell number to use for text message reminder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ Call: Phone number for reminder call/ voice message \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.