



CONFIRMATION OF Health Insurance Portability & Accountability Act (HIPAA) NOTIFICATION

I have read and understand the HIPAA Notice of Privacy Practices (NPP) of AC Physical Therapy (ACPT) and I have been provided a complete copy of the NPP for my personal reference. I also understand that my referring physician will receive a copy of my evaluation and subsequent visit notes. If I am using my insurance policy, all necessary information regarding my care will be released to my insurance company. I understand that medical information sent electronically (fax, email, or text) is not encrypted and may be subject to privacy risks. In addition, I also authorize my medical information be released to the following :

- A. _____
- B. _____
- C. _____

(I have the right to revoke permission to release my medical information to anyone listed A-D and ACPT will honor that request when made in writing.)

Date: _____ Signed: _____

CONFIRMATION OF AC Physical Therapy (ACPT) FINANCIAL POLICY NOTIFICATION

I have read and understand the financial policy and my responsibility regarding charges incurred at ACPT. By this confirmation signature I authorize treatment and the release of medical information relating to my care to my insurance company. I authorize insurance payments be made directly to ACPT for the provided treatment under my insurance agreement and otherwise payable to me. **I understand that the coverage information quoted to me by ACPT is not a guarantee of payment, that actual payment and amounts due from me will be finally determined once the claim is submitted and processed by the insurance company according to the contracted rate, and that I will be financially responsible for amounts not paid by the insurance company.** We recommend everyone be familiar with their policy and the provisions for physical therapy. If we are denied payment, we will appeal once. If denied a second time, you will be responsible for the charges and for contacting your insurance company to request further appeals.

I also understand that delinquent accounts are subject to finance and/or re-billing charges.

Date: _____ Signed: _____