



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE READ IT CAREFULLY.

Our commitment here at A-Team Physical Therapy is to serve our customers with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information. The following are some examples:

- Insurance Companies, in order to pay claims, may request certain information
- Other treating physicians

During the course of serving your interests, it may be necessary to share information with other health care providers or business associates.

We at A-Team Physical Therapy are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures other than the ones listed above are needed, information will only be released with the written consent of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact us.

I have read and understand the above Notice of Privacy Practices.

Signed _____ Date _____