VIRGINIAN
PHYSICAL THERAPY
& STAFFING

Patient Notification Policy

Name: _____ Account #:_____

In compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule and our Notice of Privacy Practices, Virginian Physical Therapy and Staffing LLC, will not disclose your protected health information ("PHI") without your explicit authorization, except as permitted by law for the purposes of payment, treatment and health care operations. Furthermore, Virginian Physical Therapy and Staffing LLC, will limit the use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. Therefore, Virginian Physical Therapy and Staffing LLC will only disclose your appointment information, such as reminders or cancellations, on an answering machine, voice mail, text message or e-mail, unless you inform us otherwise. This notice refers to Virginian Physical Therapy and Staffing LLC, as "us" and "our," and to the patient/guardian as "I," "my," "you," "your," and "yourself."

I, the undersigned, hereby authorize Virginian Physical Therapy and Staffing LLC, to disclose my appointment information by the following methods of communication and I assume all responsibility for ensuring that the methods of communication that I indicated below are secure, with password protection used where applicable:

Answering Machine ( )_____
Voice Mail ( ) _____
Text Message ( ) _____
E-Mail _____

Patient/Guardian Signature: _____ Date: _____

If you choose to have your PHI communicated to individuals other than yourself, please accurately complete the information below and sign the authorization. I further agree to be responsible for notifying Virginian Physical Therapy and Staffing LLC, if any of the foregoing change.

I, the undersigned, hereby authorize Virginian Physical Therapy and Staffing LLC, to disclose my PHI to the person(s) named below.

Name	Relationship	Phone#
Name	Relationship	Phone#
Name	Relationship	Phone#

Patient/Guardian Signature: _____ Date: _____