

ORTHOPEDIC & SPINE THERAPY

HIPAA WRITTEN ACKNOWLEDGEMENT OF RECEIPT NONDISCRIMINATION POLICY

I acknowledge that I have received from Orthopedic & Spine Therapy a written notice of Orthopedic & Spine Therapy's privacy practices from protected health information. I acknowledge that the written notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the notice also contains:

- A description of the types of uses and disclosures that Orthopedic & Spine Therapy is permitted to make for treatment, payment, or health care operations with and without my written authorization.
- A description of each of the other purposes for which Orthopedic & Spine Therapy is permitted or required to use or disclose protected health information without my written authorization.
- A description of uses or disclosures that may be limited or prohibited by law.
- The description contains sufficient detail to make me aware of the use or disclosures that are permitted or required by the federal privacy rule and other applicable law.
- A statement describing my individual rights with respect to my health information and a description of how I may exercise this right.
- A statement describing the Orthopedic & Spine Therapy duties under the federal privacy law.
- A statement describing how I may express concern to the Orthopedic & Spine Therapy and the Secretary of the Department of Health and Human Services if I believe my privacy rights have been violated.
- I have received information explaining how to contact Orthopedic & Spine Therapy for further information and the effective date which the notice is first in effect.

I, _____, acknowledge that I have received the written notice of Privacy Practices from Orthopedic & Spine Therapy.
(Print - Patient's Name)

(Patient Signature)

(Date)

As a recipient of Federal financial assistance, Orthopedic & Spine Therapy does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by OST directly or through a contractor or any other entity with which OST arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the US Department of Health and Human Services issued pursuant to these statutes of Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact: Orthopedic & Spine Therapy, Amy Barnett, 920.257.2005