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## HIPPA NOTIFICATION

### **Notice of Privacy Practices for Protected Health Information Health Insurance Portability & Accountability Act of 1996 (HIPAA)**

Due to increased awareness of the need for more strict guidelines regarding privacy of your protected health information, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) was legislated, effective April 14, 2003. As part of this law, Sports & Performance Physical Therapy is required to provide you with the option of receiving a copy of this Notice. You are able to receive this Notice either electronically or on paper.

Please Select One:

**Waiver (Receive HIPAA Electronically)** I, the undersigned, am aware of my right to receive a paper copy of the above Notice and have declined such Notice. I am aware that this Notice is available to me online at, Sports & Performance Physical Therapy's website, [www.sportsandperformancecept.com](http://www.sportsandperformancecept.com), and I choose to receive such Notice electronically. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

OR

**Acknowledgement (Receive HIPAA Paper Copy)** I, the undersigned, acknowledge with my signature that I have received a paper copy of the above mentioned Notice. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_