



# LATTIMORE PHYSICAL THERAPY AND SPORTS REHABILITATION NETWORK

## RESTRICTION OF USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

As of 04/14/03 you have the right to REQUEST that the use and disclosure of your protected health information (PHI) be restricted for treatment, payment, and health care operations, as well as restricting disclosure to only certain people, such as certain family members only. If a guarantor other than myself is listed as person responsible for payment, they may receive treatment/diagnostic information for billing purpose.

The restriction request must be in writing, be specific as to what information is covered by the request, whether it covers use, disclosure, or both, and to whom those limitations apply.

Lattimore Physical Therapy does not have to agree to your request.

If Lattimore Physical Therapy agrees to the request, it will honor the request except when overriding laws or emergencies apply.

Other than my doctor(s) and insurance company (ies), I authorize Lattimore Physical Therapy to discuss my PHI with the following person(s) or entity(s):

<u>Name</u>	<u>Relationship</u>	<u>Describe any restrictions regarding the sharing of PHI</u>
_____	_____	_____
_____	_____	_____

**Contact Information:**

Phone	Can we leave a message?	Comments/Restrictions
	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>	
Home Phone _____	<input type="checkbox"/> <input type="checkbox"/>	_____
Cell Phone _____	<input type="checkbox"/> <input type="checkbox"/>	_____
Work Phone _____	<input type="checkbox"/> <input type="checkbox"/>	_____

**I have received a Notice of Privacy Practices from Lattimore Physical Therapy.**

\_\_\_\_\_  
Patient Signature \_\_\_\_\_ Date

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

\_\_\_\_\_  
Witness if applicable \_\_\_\_\_ Date

\_\_\_\_\_  
Witness print name/relationship

Lattimore Physical Therapy	The Aquatic @ Arthritis Ctr	North Greece PT	Hilton Physical Therapy	Pianoworks Physical Therapy
1655 Elmwood Avenue Suite 130	383 White Spruce Blvd	515 Long Pond Road	1026 Hilton Parma Road	349 West Commercial Street Suite 1275
<b>Phone:</b> 585-442-9110	<b>Phone:</b> 585-442-6067	<b>Phone:</b> 585-227-2310	<b>Phone:</b> 585-392-8001	<b>Phone:</b> 585-264-0370
<b>Pittsford Mendon Phys Ther</b>	<b>Honeoye Falls – Lima PT</b>	<b>Lattimore Rush Henrietta PT</b>	<b>Lattimore of Webster PT</b>	<b>Lattimore of Irondequoit PT</b>
20 Assembly Drive Suite 101	58 North Main Street	20 Finn Road Suite A	1130 Crosspointe Lane Ste 6	1299 Portland Avenue Suite 10
<b>Phone:</b> 585-582-1330	<b>Phone:</b> 585-582-0034	<b>Phone:</b> 585-444-0040	<b>Phone:</b> 585-347-4990	<b>Phone:</b> 585-227-2310
<b>Fairport Physical Therapy</b>				
59 Perinton Hills Center				
<b>Phone:</b> 585-385-0444				