



LATTIMORE PHYSICAL THERAPY
AND SPORTS REHABILITATION NETWORK

Avon Physical Therapy
Lattimore of Geneseo Physical Therapy
Dansville Physical Therapy

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
	Yes	No	
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 Group.

Patient Signature

Date

Print Name

Witness if applicable

Date

Witness print name/relationship