

**HIPPA Notice of Privacy Practices**  
**Studio Pilates and Physical Therapy**  
**Effective October 2018**

Studio Pilates and Physical Therapy will keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so, or as required by law. You may see your record or get more information about it by contacting Studio Pilates and Physical Therapy.

**Law requires me to:**

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect

**How I may use and disclose your health information:**

- For treatment
- For payment
- For health care operations
- For appointment reminders
- As required by law
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Worker's Compensation
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- National Security and intelligence activities
- Protective Services for the President and others
- Inmates

**Your rights regarding Health Information about you:**

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of this Notice (full notice is available upon request)

**Complaints:**

If you believe that your privacy rights have been violated, you may file a complaint with Studio Pilates and Physical Therapy. All complaints must be in writing.

**Acknowledgement of Receipt of this notice:**

I request that you sign a separate form acknowledging that you have received and understand this notice. The acknowledgement will become part of your records.

**By my signature below, I acknowledge receipt of the Notice of Privacy Practices.**

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Client's Signature

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Date