

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Federal Law requires all physician offices to have a signed privacy statement on file for every patient. In order to serve you we must have an existing Acknowledgement of Privacy Practices on file. This law is intended to protect the privacy of your medical records.

Performance Injury Care & Sports Medicine, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Thank you

(initial) _____ I agree that telephone messages regarding my appointments, prescriptions renewals, lab results and other PHI may be left for me on voicemail systems at the numbers provided to you by me

(initial) _____ I have been notified and/or received a copy of the Performance Injury Care & Sports Medicine Inc. Notice of Privacy Practices.

(PRINT) Name of Patient Date of Birth

Signature of Patient or Patient Representative Date Signed

Relationship to Patient – Parent, Guardian, Power of Attorney

Clinic Witness Date