



**FOLSOM PHYSICAL THERAPY**  
*and Training Center*

**Privacy Practice Document**

---

- This notice describes how medical information about you, the patient, may be used and disclosed. It also explains how you can get access to this information. **Please review it carefully.**

Our commitment here at *Folsom Physical Therapy* is to serve our patients with professionalism and care, while protecting the privacy and security of all Protected Health Information at all times.

During the course of serving your interests, it may be necessary to share information with other health care providers or business associates. Examples of such instances are described below:

- We may request from your physician MRI's, X-Rays, operation reports and other information that would be helpful in the course of your treatment.
- We use the services of an independent billing company, and so medical information will be passed along to them for billing and payment purposes.

We, here at *Folsom Physical Therapy*, are committed to obeying all federal, state, and local laws regarding privacy practices. If any other uses or disclosures other than those listed above are needed, information will only be released with the written authorization of the individual in question. The individual, as provided by law, may revoke this written authorization at any time.

If you have any questions or comments regarding your protected health information, please contact our compliance officer, **Darlene, at (916) 388-8500.**

I, \_\_\_\_\_, have read and understand the above Notice of Privacy Practices.  
(PRINT NAME HERE)

**(Patient/Guardian) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_