

HIPAA / Notice of Privacy Practices

A copy of the Notice of Privacy Practices for Lane Physical Therapy Center, Inc. has been made available to me. I understand that it is my responsibility to read and review these practices carefully. I will contact the privacy officer at Lane Physical Therapy Center, Inc. if I have any questions or concerns regarding the Notice of Privacy Practices.

* **I have declined a copy of the Notice of Privacy Practices for Lane Physical Therapy Center, Inc.**

**\*\* I hereby give the following person(s) access to the release of my medical information: \*\***

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 (Name of Authorized Person) (Relationship to Patient)

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 (Name of Authorized Person) (Relationship to Patient)

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 (Name of Authorized Person) (Relationship to Patient)

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 (Name of Authorized Person) (Relationship to Patient)

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 **Signature of Patient/Guardian** **Date**