



OrthoRehab
Specialists, Inc.
Physical Therapy for the Twin Cities

To ensure that your insurance benefits will cover your physical therapy visits and what those benefits are, IT IS YOUR RESPONSIBILITY to obtain information about your benefits and what the cost will be to you. Due to continual changes in insurance plans and benefits, we are unable to quote or give you information about your benefits.

Signature: _____ Date: _____

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have rights regarding the use and disclosure of your protected health information. These rights are more fully described in OrthoRehab Specialists, Inc.'s Notice of Privacy Practices. OrthoRehab Specialists, Inc. is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you have been offered a copy of OrthoRehab Specialists, Inc.'s Notice of Privacy Practices.

Patient Name: _____

If signed by Patient Representative, state name and authority to act on behalf of patient:

Signature: _____

OrthoRehab Specialists, Inc. use ONLY

I, _____, was unable to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices.

Reason acknowledgement not obtained: _____

Signature: _____ Date: _____