

Acknowledgement of Privacy Notices

I acknowledge that I have been informed of the Notice of Privacy Practices and Patient's Rights at Maribeth Crupi Physical Therapy LLC, 314 Main Street, Suite 101, Wilmington, MA 01887, in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I am aware that I may ask for a written copy of this notice to keep for my records should I so desire.

In signing this document I am acknowledging that I am aware of my rights of notice of privacy while I, or minor child in my care, receive physical therapy treatment or participate in any other programs at Maribeth Crupi Physical Therapy LLC. This includes release of protected health information and authorizing payment to made directly to Maribeth Crupi Physical Therapy LLC by insurers and/or responsible parties, as explained in the Notice of Privacy Practices effective 2/1/2014.

Patient's Name (Please Print)

Signature of Patient (Parent/Guardian if Minor)

Date

Medical Records Release Authorization

I _____ authorize Maribeth Crupi, PT LLC
(Patient or Guardian Name Here)

to obtain any and all necessary medical records related to care at this practice for:

(Patient's Name)

DOB: _____

(Signature of Patient or Guardian)

Date: _____