Moriarty Physical Therapy
301 Manchester Rd, Ste 101
Poughkeepsie NY 12603-2587
Phone: 845-454-4137

Notice of Privacy Practices Acknowledgement

My signature below confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Information Portability and Accountability Act of 1996 (HIPAA). I acknowledge that I have been provided with Moriarty Physical Therapy Notice of Privacy Practices that describes how my health information is used and shared. I understand that Moriarty Physical Therapy reserves the right to change this notice at any time. I may obtain a current copy by contacting the clinic or the billing office.

Our organization may contact you to remind you of any appointments, health care treatment options, billing concerns, or other health services that may be of interest to you.

May we contact you at home?
Home Phone:

May we contact you at work?
Work Phone:

May we contact on your cell?
Cell Phone:

This authorization will remain in effect until revoked in writing. Copies of your chart or any other written information are not covered by this authorization.

_____ _____
Signed By Date