

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Propel Therapy, LLC is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher, or other health care provider
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared.

I acknowledge that I have received a copy of Propel Therapy HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information. I acknowledge the organization/clinic will use my information for the purposes of treatment, payment, and health care operations. I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction. I understand Propel Therapy cannot disclose my health information other than as specified in the notice. I understand that Propel Therapy reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

I acknowledge that I have been given the organization/clinic Notice of Privacy Practices. I understand that if I have questions or complaints, I may contact the Privacy Officer.

Print Name of Patient	Date
Signature of Patient or Legal Representative	Relationship to Patient

Please Note: It is your right to refuse to sign this Acknowledgement.



HIPAA Privacy Notice Acknowledgement Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the patient/legal representative noted above. It could not be obtained for the following reason(s):

	An emergency prevented us from obtaining acknowledgement.	
	The individual was unwilling to sign.	
	☐ A communication barrier prevented us from obtaining acknowledgement.	
	Other:	
Staf	ff Member Signature:	Date: