

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

“I hereby acknowledge that I have received a copy of this practice’s **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or comments regarding my rights that I may contact the contact person listed above. I further understand that WCS will offer me updates to this **NOTICE OF PRIVACY PRACTICES** should it be amended, modified, or changed in any way. I understand that by signing this form I am allowing WCS to submit my claims to my insurance carrier. I understand that I will be held responsible for any denied or unpaid claims. I do understand that if my account is sent for collection I will be held responsible for collection charges at a rate of 25%. There will be a \$25.00 fee for any NSF checks.”

ATTENDANCE POLICY

Repeated late arrivals, cancellations or no shows indicate a lack of commitment to your health care. Your referring physician and any associated insurance representatives will be notified of your poor attendance record. Discontinuation of treatment will occur if you continue to miss or arrive late to appointments, per therapist discretion.

List any additional parties that you would like to receive your PHI on the space provided.

I have read and fully understand the policies listed above.

Patient or Guardian Name (please print)

Patient or Guardian Signature

Date

Patient refused to sign Patient was unable to sign due to

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THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

SUMMARY:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). We have the right to submit your medical information to all parties related to your treatment, which include(s) the referring physician, insurance carrier (all related parties), and legal entities.

As a patient, you have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to report of disclosures of your information; and
6. The right to a paper copy of this Notice.

If you have any questions about this Notice, please contact Laurie at (708) 671-0771.

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