



PATIENT'S PRIVACY RIGHTS AT PHYSICAL THERAPY SERVICES OF ROCHESTER, P.C.

YOU ARE ENTITLED TO:

- **A clear and written explanation of how we may use and disclose patient information**
- **To request restrictions on certain uses and disclosures**
- **To request and obtain copies of your medical and pertinent financial records (at \$.75 per page) and request changes if appropriate**
- **To receive accounting of how your health information was used**
- **Confidential communications**
- **To file a complaint if you feel that your privacy rights have been violated and without retaliation or retribution**

To receive more information on our privacy policies, or to file a complaint, you may contact our privacy officer, Elisabeth Maves, in writing at 540 White Spruce Blvd, Rochester, NY 14623 or by calling here at 585-427-7190.



PHYSICAL THERAPY SERVICES OF ROCHESTER, P.C.

540 White Spruce Boulevard, Rochester, NY 14623 (585) 427-7190 FAX: (585) 427-2287

Acknowledgement of Receipt of Notice of Privacy Rights

I, _____, have received the Notice of Privacy Rights from Physical Therapy Services of Rochester, PC.

X _____ Date: _____

In Lieu of patient signature, I, _____, a staff member of Physical Therapy Services of Rochester, PC, state that _____ Has been given our current Notice of Privacy Rights.

X _____ Date: _____