



Niagara Physical Therapy
736 Cayuga Street
Lewiston, NY 14092
Phone: 716-754-7220 Fax: 716-754-9218

Patient Authorization for use and disclosure of protected health information statement of privacy notice

We may disclose your health care information:

1. To other health care professionals within our practice for the purpose of treatment, payment or health care operations.
2. To your insurance provider(s) for the purpose of payment or health care operations.
3. To comply with State Worker's Compensation laws
4. To public health employees for preventing/controlling disease and reporting infectious exposures.
5. In the course of any administrative or judicial proceeding or law enforcement purposes.

Under HIPAA federal privacy law, you have the right to:

1. Request restrictions on certain uses and disclosures of your health information.
2. Inspect and copy your health care information
3. Receive an accounting or disclosures of your protected health information made by us.
4. To a paper copy of this Notice of Privacy Practice at any time upon request.

We reserve the right to amend this Notice of Privacy Practices at any time in the future.
We are required by law to maintain the privacy of your health information.

If you have any questions regarding this notice or if you want more information about your privacy rights, please contact us at 716-754-7220.

My signature indicates my authorization and consent for Niagara Physical Therapy to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described above.

Patient's name (print)

Patient's signature

Date: _____