

1140 Edwards Village Blvd,
Suite B-208, P.O. Box 4828,
Edwards, CO 81632



Phone: (970) 569-3883
Fax: (970) 569-3884
www.jointworx.com

Personalized Rehabilitation Solutions

Acknowledgement of Receipt of Notice of Privacy Practices

As part of my health care, Sara Jill Manwiller, Inc., DBA JointWorx Physical Therapy (The Company), creates and stores information about me. This includes records concerning my health history, symptoms, examinations, test results and plans for future care.

I understand this information serves as a basis for my continuing care. I understand this information is used as a means of communication among The Company's personnel, and with medical personnel outside of this practice. I understand this information serves as a source of information for applying my diagnoses and surgical information to my bill. I understand this information is a way for third party insurance companies to assure that a service we billed for was actually performed.

I understand this information can be used as a tool to assess the quality of care provided to patients. I have been provided an opportunity to review the Notice of Privacy Practices for The Company that provides a more complete review of information uses and disclosures. I understand that I have the right to review this notice of Privacy Practices before signing this consent.

I understand that The Company may change its Notice of Privacy Practices at any time and that a current copy will be available for my inspection during regular business hours of each medical office and at the central billing office.

I understand I have the right to request restrictions as to how my information may be disclosed to carry out treatment, payment or other healthcare operations and that The Company is not required to agree to restrictions requested. The procedure to request restriction on information use and disclosure is contained in the Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Sara Jill Manwiller, Inc., DBA JointWorx Physical Therapy and agree to the liability limitations explained therein.

Signature of patient or legal representative

Date

Relationship to patient

Printed name of patient