



Sheri Baldwin, MS, PT, ATC  
Pelvic Rehab & Physical Therapy  
Going Beyond Medication...

## Notice of Privacy Practices

- Patient agrees to release of medical or other information to process claim as outlined in the financial assignment agreement. **Financial assignment agreement must be signed.**
- Patient agrees to accept assignment of payment. Which includes any cancelation fees, copayment responsibility or private pay fee as outlined in the financial assignment agreement. **Financial assignment agreement must be signed.**
- Patient gave office the permission to leave a message on their answering machine. **Patient must check here to authorize.**
- Patient gave office the permission to leave a text message on their cell phone. **Patient must check here to authorize.**
- Patient gave permission to discuss their medical condition with another person (Individual's name must be specified). **Patient must check here to authorize.**

**Privacy Officer:** *Sheri Baldwin PT*

1266 Tamson Drive, Suite 101 Cambria, CA 93428

805-924-1605 Fax 805-924-1603 Email: [cambriapt@cambriapt.com](mailto:cambriapt@cambriapt.com)

This privacy notice applies to the following organizations:

*Cambria Community Rehabilitation, Inc.*

*Cambria Physical Therapy*

*CPT Women's Health*

I, the undersigned, am authorized and have read and acknowledge all the terms and conditions of the Notice of Privacy Practices.

---

Authorized Signature

---

Date

Notice of Privacy Practices

*Effective: November 1, 2015*