



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

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