

# Balanced Bodywork Therapy of Annapolis (BBTOA) Neuromuscular Therapy

---

115 Annapolis St, Annapolis, MD 21401 (410) 279-8725

## HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) AGREEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- 1) Conduct, plan, and direct my treatment and follow up among the multiple health care providers who may be involved in that treatment directly or indirectly.
- 2) Obtain payment from third party payers.
- 3) Conduct normal healthcare operations such as quality assessments and physical certifications.

I have been informed of the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been provided the right to review such Notice of Privacy Practices prior to signing this consent.

I understand that Balanced Bodyworks Therapy of Annapolis (BBTOA) has the right to change its Notice of Privacy Practices from time to time and that I may contact BBTOA at any time, at the address provided above, to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing, that BBTOA restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that BBTOA is not required to agree to my requested restrictions, but if they do agree, BBTOA is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time to the extent that BBTOA has taken action relying on this consent.

Patient Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
(mm/dd/yyyy)