



SYNERGY PHYSICAL THERAPY

PROVIDER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Key Issues

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we may charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U. S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Equality: This Company is an equal opportunity provider and will not discriminate against patrons because of sex, religion, race, color, age, national origin, or disabilities.

If you have any questions, comments, or complaints, please contact:

Owner: Nicole Evans
4730 Blue Diamond Rd #150
Las Vegas, NV 89139
Phone: (702) 489-9217 Fax: (702) 489-9134



4730 Blue Diamond Rd #150
Las Vegas, NV 89139
Phone: 702-909-6893
Fax: 702-912-0355

Patient Name: _____ Date of Birth: ___ / ___ / ___ Social Security: _____ - _____ - _____

Address: _____ Apt. #: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

E-Mail Address: _____ Okay to leave messages? Yes No

Employer Information:

Employer: _____

Address: _____ Suite #: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Insurance Information: **If you are the policy holder, then skip this section**

Insurance Carrier: _____

Policy Holder: _____ Date of Birth: _____

Social Security: _____ Relationship to Insured: _____

Secondary Insurance:

Insurance Carrier: _____

Policy Holder: _____ Date of Birth: _____

Social Security: _____ Relationship to Insured: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Other Contact Information: _____

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*It is understood by both the patient and Synergy Physical Therapy that any charges will be billed to medical insurance if the information is provided. If for any reason, the insurance denies charges (due to deductibles, coinsurances, or termination of coverage) then Synergy Physical Therapy will be willing to work with the patient to provide any financial arrangements feasible. The patient is fully responsible for any payments that are made directly to the patient from the insurance company, and any coinsurances or deductibles as stated by the insurance company, including copays if not made at the time of service.

Patient Name: _____ Patient Signature _____

Date: _____

*It is understood that physical therapy can be considered dangerous, unless under the supervision of a staff member. Synergy Physical Therapy holds no responsibility if the patient, friend of the patient, or family member seeks injury while on the premises of Synergy Physical Therapy. Synergy Physical Therapy is not financially responsible for any injuries that occur on the premises or on its equipment. It is understood that this document must be signed; no oral agreement can be arranged. Upon signing this portion, the patient also gives full consent for Synergy Physical Therapy to treat any and all injuries associated with this patient.

Patient Name: _____ Patient Signature: _____

Date: _____