



5 Stone Therapy | info@5stonetherapy.com | (704) 360-3900

PRIVACY POLICY NOTICE

Please **complete form** and **email to info@5stonetherapy.com**

5 Stone Therapy, LLC, is dedicated to ensuring the privacy of the client's protected health information. Federal law requires us to protect any personally identifying information. 5 Stone Therapy, LLC, maintains compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA is United States legislation that provides data privacy and security provisions for safeguarding medical information.

5 Stone Therapy, LLC, will store and release information to only those authorized. Information may include evaluation reports, progress reports, therapy documentation, medical information, and/or insurance information.

This information may be shared without your consent for the following reasons:

- Abuse and Neglect: If there is evidence of abuse and/or neglect, 5 Stone Therapy, LLC, will share your information with necessary government agencies as required by law.
- Public Health Risks: 5 Stone Therapy, LLC, will share information to public health agencies as required by law if evidence of potential risk of disease, injury, or disability.
- We will share your information when requested by local, state, or federal government entities.

You have the right to:

- Request information of specifications for communication with individuals or agencies including: what, how, and when information is communicated.
- Access and request any documentation at any time. You may request for us to change the information you think is wrong or request to add information you think is missing.
- Request a copy of this notice at any time.
- Request via writing to get a report of how your health information was used or disclosed. You may request information going back six years.
- File a complaint to 5 Stone Therapy, LLC, and/or the government if you think any of your rights were denied.

I have read and understand the privacy policy information provided in this notice.

Client Name and Date of Birth: _____

Parent/Caregiver Signature: _____ **Date:** _____

Full and detailed information regarding HIPAA may be found at www.hhs.gov/hipaa

I Accept - Electronic Signature

Electronic Signature Agreement. By selecting the "I Accept - Electronic Signature" button, you are signing this policy form electronically. You agree and acknowledge your typed or digitally drawn electronic signature is the legal equivalent of your manual/handwritten signature for the purposes of this policy form.