

**Vortex Physical Therapy and Balance, A Professional Corporation
Notice of Privacy Practices**

Effective Date: October 31, 2011

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.

SUMMARY

As a patient, you have a right to the following:

- The right to inspect and copy your information;
- The right to request corrections to your information;
- The right to request that your information be restricted;
- The right to request confidential communications;
- The right to a report of disclosures of your information;
- The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This notice contains information about how we will insure that your information remains private. A complete copy of our privacy practices is available at any time in our waiting room upon request.

If you have any questions about this notice, please contact our privacy officer:

**Diron Cassidy
2422 Camden Avenue, Suite 102
San Jose, CA 95124
(408) 540-7622
info@vortexpt.com**

I hereby acknowledge that I have had the opportunity to review a copy of Vortex Physical Therapy & Balance's Notice of Privacy Practices. I understand that if I have questions or complaints regarding my privacy rights that I may contact the privacy officer. I further understand that the practice will offer me updates to this Notice of Privacy Practices should it be amended, modified, or changed in any way during the course of my treatment.

PATIENT SIGNATURE: _____ DATE: _____