



**VANITA'S REHAB**  
**31 NELSON AVENUE,**  
**MELBOURNE, FL 32935**

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***NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT***

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:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in my treatment directly and/or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I understand that Vanita's Rehab has the right to change its Notice of Privacy Practices from time to time and that I may contact Vanita's Rehab at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my restrictions, but if you do agree, then you are bound to abide by such restrictions.

Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

I attempted to obtain patient's signature in acknowledgement of this Notice of Privacy Practice, but was unable to do so as documented below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Reason: \_\_\_\_\_