

Patient Information and Treatment Authorization

Document Date: 08/15/23
WESTSTAR LONG REACH

PATIENT II	NFORMATION #		WESTSTAR LONG BEACH		
Name:	OD FREDIEU	SSN:	XXX-XX0357		
Address:	6455 CHESTNUT AVE APT 210	Sex:	M		
City, Zip:	LONG BEACHCA90802	DOB:	12/24/1942		
Home Ph:	(562)432-8074	Age:	80		
Work Ph:		Email:			
Cell Ph:					
PATIENT II	NFORMATION #				
Date:	03/18/2018	Post Sx:			
Type:	WC	Sx Date:			
REFERRIN	G DOCTOR INFORMATION				
Name:	REISCH, ROBERT	Body Pts:			
Address:	4014 LONG BEACH BLVD STE 210				
City, Zip:	LONG BEACHCA90807				
Phone:	(562)997-7100	Dx:			
ATTORNEY	YINFORMATION				
Name:		Address:			
City, Zip:		Phone:			
EMPLOYM	ENT INFORMATION:				
Name:		Address:			
City, Zip:		Phone:			
PRIMARY	INSURANCE INFORMATION	SECONDAR	Y INSURANCE INFORMATION		
Name:		Name:			
Address:		Address:			
Adj/Ph#:		Adj/Ph#:			
Type:		Type:			
Ins Name:		Ins Name :			
Pol#/Clm#:		Pol#/Clm#:			
RELEASE (OF INFORMATION and ASSIGNMENT	OF BENEFITS			
concerning t	horize WestStar Physical Therapy to releat his illness upon request. I hereby authorize erapy for services rendered.				
		08/15/23			
OD FREDIEU		Date Signed			



JOB INFORMATION #

Document Date: 08/15/23

Name: OD FREDIEU SSN: XXXXX357 JOB INFORMATION# Job Title: Job Description: ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Si: Hours Stooping-hending: Hours Stand: Hours Kneeling: Hours Walk: Hours Kneeling: Hours At work, on average, how many hours do you work Port Hours Reaching Up: Hours At work, on average, how many hours do you work Port Hours Crawling: Hours Week: Hours Shirt: Hours Shirt Climbing: Hours Using the Telephone: Hours Using the Telephone: Hours At work, my job requires that I lift Constantly Often Sometimes Never I libs to 25 lbs: Job Ibs: Job	PATIENT	#							
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Si: Hours Squating: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours Drive: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squating: Hours Walk: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Week: Hours Using a Computer: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 libs or 58 lbs: 1	Name:	OD FREDIEU			SSN:		XXX-XX0	357	
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squatting: Hours Stand: Hours Stooping bending: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never I libs to 25 lbs: 1	JOB INFO	RMATION#							
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squatting: Hours Stand: Hours Stooping bending: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never I libs to 25 lbs: 1									
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours Prive: Hours Reaching Up: Hours Reaching Out: Hours At work, on average, how many hours do you work Per Day/Shift: Hours Crawling: Hours Week: Hours Crawling: Hours Using a Computer: Hours Using the Telephone: Hours Using the Telephone: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 31 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Proceeding: Hours Repetitive Hand Movement: Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Proceeding: Hours Constantly Often Sometimes Never Repetitive Hand Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Balancing: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Constantly Often Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Constantly Often Sometimes Never Reaching United Hours Crawling: Hours Crawling: Hours Crawling: Hours Crawling: Hours Crawlin	Job Title:								
During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never	Job Descript	ion:							
Sit: Hours Squatting: Hours Stand: Hours Stooping/hending: Hours Walk: Hours Kneeling: Hours At work, on average, how many hours do you work per Day/Shift: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes At work, my job includes At work, my job includes Constantly Often Sometimes Never	ADDITION	NAL JOB DETAIL	S						
Sit: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Kneeling: Hours At work, on average, how many hours do you work per Day/Shift: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 15 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Hours Never Duse of computer mouse/touch pad: Hours Never Discontinuous Posterious Never Constantly Often Sometimes Never Constantly Often Sometimes Never					A 4 u1		1		
Stand: Hours Stooping/bending: Hours Walk: Hours Kneeling: Hours At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Week: Hours Ladder Climbing: Hours Weigh Telephone: Hours At work, my job requires that I lift Constantly Often Sometimes At work, my job includes At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Repetitive Foot Movement: Constantly Often Sometimes Never		ical 8-hour day, How	_	ou?			ige, now m	luch time do you	
Walk: Hours Kneeling: Hours At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Hours Hours Hours Crawling: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Hours Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: Hours At work, my job includes At work, my job includes Constantly Often Sometimes Never			\preceq						\rightarrow
At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Pushing: Hours Pushing: Hours Hours Hours Hours Hours Hours Pushing: Hours Hou			\preceq						\rightarrow
At work, on average, how many hours do you work per Day/Shift: Hours Hours Crawling: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or 16s: 11 lbs to 25 lbs: 15 lbs to 75 lbs: 15 lbs to 75 lbs: 16 lbs to 100 lbs: over 100 lbs: Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:			_						\supseteq
At work, on average, now many nours do you work per Day/Shift: Hours Week: Hours Hours Ladder Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:									\rightarrow
Day/Shift: Hours Week: Hours Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Hours Hours Hours Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:		n average, how ma	ny hours do you	work					\dashv
Week: Hours Hours Ladder Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Power Gripping: Precision Handling: Hours Repetitive Foot Movement: Power Gripping: Precision Handling: Hours Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									\rightarrow
Ladder Climbing: Using a Computer: Hours Using the Telephone: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:			\exists						\dashv
Using a Computer: Using the Telephone: Hours Pushing: Hours Hours Hours Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Week:		Hours						\dashv
Using the Telephone: Pushing: Hours Pulling: Hours Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									\dashv
Pushing: Pulling: Hours Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs : 26 lbs to 50 lbs : 51 lbs to 75 lbs : over 100 lbs : At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad : Timed work for efficiency :									\dashv
Pulling: Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs : 26 lbs to 50 lbs : 51 lbs to 75 lbs : 76 lbs to 100 lbs : At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									\rightarrow
At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									\dashv
At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									\dashv
10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	A 41	: -1: 414	I 1:6	0 4				G '.	
11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:			1 1111	Consta	antry	Offe	:n	Sometimes	Never
26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:							{		{
76 lbs to 100 lbs : over 100 lbs : At work, my job includes Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad : Timed work for efficiency :				<u></u>			{ }		{
At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	51 lbs to 75 lb	os:		}					₹
At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	76 lbs to 100	Ibs:							1
Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	over 100 Ibs:								
Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	At work, m	ny job includes		Consta	antly	Ofte	en	Sometimes	Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Repetitive Ha	and Movement:							
Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									
Balancing: Use of computer mouse/touch pad: Timed work for efficiency:									
Use of computer mouse/touch pad: Timed work for efficiency:		ndling:							
Timed work for efficiency:		itar mausa/tayah nad							
							{ }		{
							$$ $\}$		{



INJURY INFORMATION

Document Date: 08/15/23

PATIENT #							
Name:	OD FREDIEU		SSN:	XXX-XX0357			
INJURY IN	INJURY INFORMATION #						
Briefly describ	e your injury :						
					Yes	No	
Did you go t	to the Emergency Ro	oom at a Hospital?					
If not an Em	ergency Room, Ad	you go to some other typ	pe of medical fa	cility?			
Were x-rays	taken?						
If an auto ac	cident, was the vehi	cle drivable after the acc	cident?				
Do you have	any previous injury	to the sense area?					
Are you still	Are you still being treated for this injury?						
If you are still being treated for this injury, by whom?							
Name:							
Address:							
City, Zip:	City, Zip:						
Phone							



PAIN INFORMATION

Document Date: 08/15/23

PATIENT

Name: OD FREDIEU SSN: XXX-XX0357

PAIN INFORMATION

Draw the location of your pain on the body outlines using the following markers.

A = Achesches

B = Burning

N = Nurnbness

P = Pins & Needles

S = Stabbing

0 = Other







Document Date: 08/15/23

PATIENT #					
Name:	OD FREDIEU	SSN:	XXX-XX0357		
WAIVER IN	FORMATION				
OF MY OW UNDERSTAPHYSICAL EVALUATE THERAPIST TREATMEN MEDICAL I UNDERSTAPHYSICAL FURTHERN	EGAL AGE AND HEREBY CERTIFY TO DISCRETION AND DECISION TO REAND THAT I MAY OR MAY NOT HAVE THERAPY IS MY TREATMENT OF CHED BY A LICENSED AND CERTIFIED POSSED AND RECOMMENDANT. I UNDERSTAND THAT THE PHYSICAND THAT I CANNOT RECEIVE PHYSICAND THAT I CANNOT RECEIVE PHYSICAND THAT PHYSICAND TO INTERPRETABLE AUTHORIES.	ECEIVE PE A DOCTOICE. I APHYSICALATION WE CAL THE CAL THE CRIZATION AL THER	PHYSICAL THERAPY TREATMENT FORS REFERRAL AND THAT GETT ALSO UNDERSTAND THAT I WILL L THEREAPIST AND THAT THE TILL BE EXPLAINED TO ME BEFOI ERAPIST WILL COMMUNICATE W HYSICAL THERAPY TREATMENT ERAPY TREATMENTS FROM WES ON FROM MY MEDICAL DOCTOR.	CS. I FING BE RE ITH MY CS. I ALSO T STAR	

IF MINOR:

NAME OF PARENT OF GUARDIAN:	
RELATIONSHIP:	
PATIENT SIGNATURE:	
Date	
WITNESSED BY:	
NAME OF STAFF MEMBER:	
SIGNATURE:	
Date	



Document Date: 08/15/23

PATIENT #					
Name:	OD FREDIEU	SSN:	XXX-XX0357		

PRIVACY INFORMATION Page (1 of 3)

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, services provided and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities of and management of West Star Physical Therapy. For Example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement: your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public Health Reporting: Your health care information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states public health department.

Other Uses and Disclosures That Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific, written authorization. However, your decision to revoke authorization will not affect of undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



Document Date: 08/15/23

PATIENT #					
Name:	OD FREDIEU	SSN:	XXX-XX0357		
PRIVACY	INFORMATION Page (2 of 3)				
Appointme	ent Reminders: Your health informat	tion will be used by ou	ar staff to send you appointment reminders.		
Information About Treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. From our database, we may also send you information describing only West Star related information that may be of interest to you**					
	Please do not use my health	h information for the a	above-mentioned services.		

Individual Rights: You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health care information;

The right to receive confidential communications concerning your medical condition and treatment;

The right to inspect and copy your protected health information;

The right to amend or submit corrections to your protected health care information;

The right to receive an accounting of how and to whom your protected health information has been disclosed;

The right to receive a printed copy of this notice

West Star Physical Therapy Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend to modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visits. The revise policies and practices will be applied to all protected health information we maintain.



Document Date: 08/15/23

PATIENT #				
Name:	OD FREDIEU	SSN:	XXX-XX0357	

PRIVACY INFORMATIONPage (3 of 3)

Requests to Inspect Protected Health Information: You may generally inspect or copy the protected health information we maintain. As permitted by Federal Regulations we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our corporate office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The address of the person you may contact for further information consenting privacy practices is:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

Effective Date: This notice is effective as of May 18, 2012



Document Date: 08/15/23

PATIENT	#		
Name:	OD FREDIEU	SSN:	XXX-XX0357
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Receipeived, read and fully understand the Notice of ge and understand that West Stat Physical the outlined in the notice.	f Privacy Pr	ractices for West Star Physical therapy and
	Patient : SIGNATURE:_ Date_		
Patient Re	presentative is required if the patient is a minor	or or patient	t is an adult who is unable to sign this form.