

# **Patient Information and Treatment Authorization**

PATIENT I	NFORMATION #		WESTSTAR LONG BEACH
Name:	EPEGINA TRIAS	SSN:	XXX-XX9999
Address:	2830 GOLDEN AVE	Sex:	F
City, Zip:	LONG BEACHCA90806	DOB:	09/21/1966
Home Ph:	(562)882-3401	Age:	56
Work Ph:	(310)604-2953	Email:	
Cell Ph:	(562)882-3401		
PATIENT I	NFORMATION #		
Date:	03/16/2023	Post Sx:	
Type:	PI	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	DWORKIN, IAN	Body Pts:	
Address:	3300 WEST COAST HWY STE A		
City, Zip:	NEWPORT BEACHCA92663		
Phone:	(949)491-9991	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	IENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY	INSURANCE INFORMATION	SECONDAR	RY INSURANCE INFORMATION
Name:		Name:	
Address:		Address:	
Adj/Ph#:		Adj/Ph#:	
Type:		Type:	
Ins Name :		Ins Name :	
Pol#/Clm#:		Pol#/Clm#:	
RELEASE (	OF INFORMATION and ASSIGNME	NT OF BENEFITS	
concerning t	horize WestStar Physical Therapy to a this illness upon request. I hereby auth erapy for services rendered.		requested by my insurance carrier t of my insurance benefits to WestStar
		06/30/23	
EPEGINA '	TRIAS	Date Sig	gned



# **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Six:  Hours  Stand:  Hours  Stand:  Hours  Kneeling:  Hours  Reaching:  Hours  Reaching Out:  Hours  Proving:  Hours  Hours  Reaching:  Hours  Ladder Climbing:  Ladder Climbing:  Hours  Ladder C	PATIENT	#					
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:	Name:	EPEGINA TRIAS	3	SSN:	xx	X-XX9999	
During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Kneeling: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Squatting: Hours  Kneeling: Hours  Reaching Up: Hours  Reaching Out: Hours  Twisting: Hours  Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Repetitive Hand Movement: Power Gripping: Hourd Nover Gripping: Hours  At work Gripping: Hours Nover Repetitive Hand Movement: Power Gripping: Hours Nover Gripping: Hours Hours Nover Hours	JOB INFO	RMATION#					
During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Kneeling: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Squatting: Hours  Kneeling: Hours  Reaching Up: Hours  Reaching Out: Hours  Twisting: Hours  Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Repetitive Hand Movement: Power Gripping: Hourd Nover Gripping: Hours  At work Gripping: Hours Nover Repetitive Hand Movement: Power Gripping: Hours Nover Gripping: Hours Hours Nover Hours							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Reaching Up: Hours  Reaching Up: Hours  Reaching Up: Hours  Reaching Out: Twisting: Hours  Twisting: Hours  Crawling: Hours  Stair Climbing: Hours  Using a Computer: Hours  Using the Telephone: 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  Repetitive Hand Movement: Repetitive Foot Movement: R	Job Title:						
During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Make: Hours Reaching Up: Hours  At work, on average, how many hours do you work  per Hours Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Week: Hours Using the Telephone: 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 Foot Movement: Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Use of computer mouse/touc	Job Descript	ion:					
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 Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  Week: Using a Computer: 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  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Procession Handling: Hours Never  Repetitive Foot Movement: Procession Handling: Hours Never  Procession Handling: Hours Sometimes Never  Repetitive Foot Movement: Procession Handling: Hours Never  Repetitive Foot Movement: Hours Never Hours Never  Repetitive Foot Movement: Hours Never Never Hours Never Never Hours Never	ADDITION	NAL JOB DETAIL	S				
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 Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  Ludder Climbing: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: Hours  11 lbs to 25 lbs: 15 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: Precision Handling: Hours  At work often Sometimes Never  Constantly Often Sometimes Never  Repetitive Foot Movement: Precision Handling: Hours  Repetitive Foot Movement: Precision Handling: Hours  Repetitive Foot Movement: Hours  Balancing: Use of computer mouse/touch pad: Hours  Using a Computer: Hours  Foreing Crawling: Hours  Never  Never  Repetitive Hand Movement: Hours  H							
Stand: Hours Stooping/bending: Hours Walk: Hours Hours Kneeling: Hours Reaching Up: Hours Reaching Up: Hours Reaching Up: Hours Reaching Out: Hours Forwards, on average, how many hours do you work per  Day/Shift: Hours Stair Climbing: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours Pushing: Hours Stair Climbing: Hours Stair Climbing	During a typ	oical 8-hour day, How	many hours do you	•	_	how much time do yo	
Malk: Hours Kneeling: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours  Week: Hours  Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pulling: Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 126 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	Sit:		Hours				
Drive: 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 Using the Telephone: 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  Repetitive Hand Movement:  Repetitive Foot Movement:  Constantly Often Sometimes Never	Stand:		Hours				Hours
At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Hours Hours Hours Hours Hours Hours Ladder Climbing: Using a Computer: Hours Hours Hours Hours Hours Ladder Climbing: Hours Hours Hours Hours Hours Hours Hours Pushing: Hours Pulling: Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never  It lbs to 25 lbs : 26 lbs to 50 lbs : 51 lbs to 75 lbs : 76 lbs to 100 lbs: Over 100 lbs : Over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement : Repetitive Hand Movement : Repetitive Foot Movement : Precision Handling : Balancing : Use of computer mouse/touch pad :	Walk:		Hours	Kneeling	g:		Hours
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  Pushing: 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: over 100 lbs:  Sometimes  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  Repetitive Hand Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad:	Drive:		Hours	Reachin	g Up :		Hours
per  Day/Shift: Hours  Week: Hours  Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: 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:				Reachin	g Out:	Hours	
Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  Pulling: 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: 12		ii a verage, iio vv iiia	ing nouns do you we	Twisting	g:	Hours	
Week:  Hours  Ladder Climbing:  Using a Computer:  Hours  Hours  Using the Telephone:  Pushing:  Hours  Hours  Hours  Hours  Hours  Hours  Pushing:  Hours  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:  over 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:			Hours	Crawling	g:		Hours
Ladder Climbing: Using a Computer: Hours Using the Telephone: Hours Pushing: 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: over 100 lbs: Constantly Often Sometimes Never  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: Precision Handling: Balancing: Use of computer mouse/touch pad:			$\exists$	Stair Cli	mbing:		Hours
Using the Telephone:  Pushing:  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:  over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Begetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:	WCCK.		Tiours	Ladder (	Climbing:		Hours
Using the Telephone:  Pushing:  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:  over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Begetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:				Using a	Computer:		Hours
Pushing: Pulling: 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  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:							Hours
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: over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							$\longrightarrow$
Lifting Overhead:  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 :				_			
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:							
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  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:							
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:		-	I lift	Constantly	Often	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 :							
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 :							
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 :			_				
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:			}				_
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:			_				$\rightarrow$
Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:	0,01100100						
Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :	At work, n	ny job includes		Constantly	Often	Sometimes	Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							
Precision Handling :  Balancing :  Use of computer mouse/touch pad :							
Balancing: Use of computer mouse/touch pad:							
Use of computer mouse/touch pad:		ndling:					
		4 1 1					
			_				_
Timed work for efficiency:  Simultaneous computer & telephone:							_{ }



# **INJURY INFORMATION**

PATIENT #							
Name:	EPEGINA TRIAS		SSN:	XXX-XX9999			
INJURY IN	FORMATION#						
Briefly describ	oe your injury :						
					Yes	No	
Did you go to the Emergency Room at a Hospital?							
If not an Emergency Room, Ad you go to some other type of medical facility?							
Were x-rays	Were x-rays taken?						
If an auto ac	ecident, was the vehi	cle drivable after the acc	cident?				
Do you have	e any previous injur	y to the sense area?					
Are you still	being treated for th	is injury?					
If you are st	ill being treated for	this injury, by whom?					
Name:							
Address:							
City, Zip:							
Phone							



## **PAIN INFORMATION**

Document Date: 06/30/23

#### PATIENT #

Name: EPEGINA TRIAS SSN: XXX-XX9999

#### 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: 06/30/23

ame :	EPEGINA TRIAS	SSN:	XXX-XX9999	
	LI EGINA TRIAS		XXX-XX3393	

I, AM OF LEGAL AGE AND HEREBY CERTIFY THAT I WENT TO WEST STAR PHYSICAL THERAPY OF MY OWN DISCRETION AND DECISION TO RECEIVE PHYSICAL THERAPY TREATMENTS. I UNDERSTAND THAT I MAY OR MAY NOT HAVE A DOCTORS REFERRAL AND THAT GETTING PHYSICAL THERAPY IS MY TREATMENT OF CHOICE. I ALSO UNDERSTAND THAT I WILL BE EVALUATED BY A LICENSED AND CERTIFIED PHYSICAL THERAPIST AND THAT THE THERAPISTS EVALUATION AND RECOMMENDATION WILL BE EXPLAINED TO ME BEFORE TREATMENT. I UNDERSTAND THAT THE PHYSICAL THERAPIST WILL COMMUNICATE WITH MY MEDICAL DOCTOR TO GET AUTHORIZATION FOR MY PHYSICAL THERAPY TREATMENTS. I ALSO UNDERSTAND THAT I CANNOT RECEIVE PHYSICAL THERAPY TREATMENTS FROM WEST STAR PHYSICAL THERAPY WITHOUT SIGNED AUTHORIZATION FROM MY MEDICAL DOCTOR. FURTHERMORE, I UNDERSTAND THAT PHYSICAL THERAPY, WHILE DESIGNED TO, IS NOT GUARANTEED TO IMPROVE MY CURRENT CONDITION.

#### **IF MINOR:**

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



Document Date: 06/30/23

PATIENT	Γ#			

#### **PRIVACY INFORMATION** Page (1 of 3)

**EPEGINA TRIAS** 

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.

SSN:

XXX-XX9999

#### Uses and Disclosures

Name:

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: 06/30/23

PATIENT	`#		
Name:	EPEGINA TRIAS	SSN:	XXX-XX9999
PRIVACY	7 INFORMATION Page (2 of 3)		
Appointme	ent Reminders: Your health inform	nation will be used by or	ur staff to send you appointment reminders.
interesting		of your medical condit	d to send you information that you may find ion. From our database, we may also send you be of interest to you**
	Please do not use my hea	alth information for the	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: 06/30/23

TD A		TITLE	ш
	 IH IN	N II	$\pi$

Name:	EPEGINA TRIAS	SSN:	XXX-XX9999

#### **PRIVACY INFORMATION**Page (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



PATIENT	#				
Name:	me: EPEGINA TRIAS SSN: XXX-XX9999				
PRIVACY	ACKNOWLEDGMENT INFORMATION				
acknowled	Acknowledgement of Receipeived, read and fully understand the Notice of and understand that West Stat Physical the outlined in the notice.	Privacy Pr	actices for West Star Physical therapy and		
	Patient : SIGNATURE: Date				
Patient Re	presentative is required if the patient is a minor	or or patient	is an adult who is unable to sign this form.		
	Relationship to Patient :_				