

# **Patient Information and Treatment Authorization**

PATIENTI	NFORMATION #		WESTSTAR HAWTHORNI
Name:	AFFAN TAREEN	SSN:	XXX-XX9999
Address:	2412 MATHEWS AVE	Sex:	
City, Zip:	REDONDO BEACHCA90278	DOB:	09/26/1982
Home Ph:	(310)728-5575	Age:	40
Work Ph:		Email:	
Cell Ph:			
PATIENT I	NFORMATION#		
Date:	05/19/2023	Post Sx:	
Type:	PI	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	KHOSHSAR, ROSTAM	Body Pts:	
Address:	3661 TORRANCE BLVD STE 201		
City, Zip:	TORRANCECA90503		
Phone:	(424)360-0066	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	ENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY 1	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 ASSIGNMEN	T OF BENEFITS	
I hereby aut	horize WestStar Physical Therapy to relabilities upon request. I hereby authorize property for services rendered.	lease information r	
		06/21/23	
AFFAN TA	AREEN	Date Sig	ened



# **JOB INFORMATION #**

Name: AFFAN TAREEN  SSN: XXXXX9999  JOB INFORMATION #  Job Title:	PATIENT	#							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si: Hours Squatting: Hours Stand: Hours Stuoping/bending: Hours Walk: Hours Reaching Up: Hours Drive: Hours Reaching Up: Hours Per  Day/Shift: Hours Crawling: Hours Week: Hours Crawling: Hours Week: Hours Crawling: Hours  Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Prover Gripping: Hours  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Repetitive Foot Movement: Prover Gripping: Hours  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Repetitive Foot Movement: Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never Hours Sometimes Ne	Name:	AFFAN TAREEN			SSN:		XXX-XX9	999	
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si: Hours Squatting: Hours Stand: Hours Stuoping/bending: Hours Walk: Hours Reaching Up: Hours Drive: Hours Reaching Up: Hours Per  Day/Shift: Hours Crawling: Hours Week: Hours Crawling: Hours Week: Hours Crawling: Hours  Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Prover Gripping: Hours  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Repetitive Foot Movement: Prover Gripping: Hours  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Repetitive Foot Movement: Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never  Repetitive Foot Movement Hours Sometimes Never Hours Sometimes Ne	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 Twisting: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: 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 10 lbs or less: 11 lbs to 25 lbs: 15 lbs to 57 lbs: 100 lbs: 15 lbs to 75 lbs: 100 lbs: 15 lbs: 1									
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit: Hours Stooping/bending: 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 Crawling: Hours Week: Hours Crawling: Hours Using a Computer: Hours  At work, on 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: Provent Grouping: Hours Handward Grouping: Hours Provent Grouping: Hours Provent Grouping: Hours Provent Grouping: Hours Provent Grouping: Hours Handward Grouping: Hours Provent Grouping: Hours Handward Grouping: Hours Provent Grouping: Hours Handward Grouping: Hours Provent	Job Title:								
During a typical 8-hour day, How many hours do you?  SIL: 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  Repetitive Hand Movement: Power Gripping: Hours Salancing: Hours Septiative Hand Movement: Power Gripping: Hours Septiative Hand Movement: Hours Hour	Job Descript	ion:							
During a typical 8-hour day, How many hours do you?  SIL: 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  Repetitive Hand Movement: Power Gripping: Hours Salancing: Hours Septiative Hand Movement: Power Gripping: Hours Septiative Hand Movement: Hours Hour									
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: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs:	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: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs:									
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  Week: Hours  Ladder Climbing: Hours  Wising a Computer: 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: Precision Handling: Hours Never  Use of computer mouse/touch pad: Hours Never  Use of computer mouse/touch pad: Hours Never  Use of computer mouse/touch pad: Hours Never  Timed work for efficiency: Hours Stair Climbing: Hours Never  Hours Hours Hours Hours Never  Hours Driving: Hours Hours Hours Never  Hours Hours Hours Hours Never  Hours Hours Hours Hours Never  Hours Hours Hours Hours Hours Never  Hours Ho	During a typ	ical 8-hour day, How	many hours do you	1?			ge, how m	uch time do you	
Walk: Hours Kneeling: Hours Drive: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: 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:  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  Repetitive Hand Movement: Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never	Sit:		Hours						$\rightarrow$
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 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: 12 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Stand:		Hours		Stooping/	bending:			Hours
At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours  Hours  Hours  Crawling: Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: 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: 50 lbs: 51 lbs to 50 lbs: 51 lbs to 75 lbs: 61 lbs to 100 lbs: 62 lbs to 50 lbs: 63 lbs to 76 lbs to 100 lbs: 64 lbs to 50 lbs: 65 lbs to 76 lbs to 100 lbs: 65	Walk:		Hours		Kneeling	:			Hours
At work, on average, now many nours do you work per  Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: 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:  At work, my job includes Constantly Often Sometimes Never  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:	Drive:		Hours		Reaching	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  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: 42 lbs to 100 lbs: over 100 lbs: 43 lbs to 100 lbs: 51 lbs to 75 lbs to 100 lbs: 51 lbs to 75 lbs: 76 lbs to 75 lbs to 75 lbs: 76 lbs to 75 lb	At work, o	n average, how ma	ע nv hours do vou	work	Reaching	Out:			Hours
Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  Pulling: 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 50 lbs: 51 lbs to 100 lbs: 61 lbs to 100 lbs: 61 lbs to 100 lbs: 61 lbs to 100 lbs: 62 lbs to 100 lbs: 62 lbs to 100 lbs: 63 lbs to 100 lbs: 65 lbs:		6- ,			Twisting	:			Hours
Week: Hours    Hours   Hours   Hours   Hours	Day/Shift:		Hours		Crawling	:			Hours
Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Pushing:  Hours  Pushing:  Hours  Hours  Hours  Hours  Hours  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  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:			$\exists$		Stair Clin	nbing:			Hours
Using the Telephone:  Pushing:  Pulling:  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:  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:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J 110 W15		Ladder C	limbing:			Hours
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 : 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 :					Using a C	Computer :			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 : Timed work for efficiency :					Using the	Telephon	ie:		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:					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 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:					Pulling:				Hours
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:  Timed work for efficiency:					Lifting O	verhead:			Hours
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:  Timed work for efficiency:	At work, m	ny job requires that	I lift	Constar	ntly	Ofte	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:									
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 :	11 lbs to 25 lb	os:			}		$\longrightarrow$		$\langle \cdot \rangle$
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 :	26 lbs to 50 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:									
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:									
Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:	over 100 lbs:								
Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:	At work, m	ny job includes		Constar	ntly	Ofte	n	Sometimes	Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Repetitive Ha	nd 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 :		idling:			[		] [		] []
Timed work for efficiency:		iter mouse/touch and						-	{
					{ }		}		{
					$\longrightarrow$		$\longrightarrow$ $\}$		{



# **INJURY INFORMATION**

PATIENT #	ŧ					
Name:	AFFAN TAREEN		SSN:	XXX-XX9999		
INJURY IN	FORMATION#					
Briefly descri	be your injury :					
					Yes	No
Did you go	to the Emergency R	oom at a Hospital?				
If not an En	nergency Room, Ad	you go to some other ty	pe of medical	facility?		
Were x-rays	s taken?					
If an auto ac	ccident, was the veh	icle drivable after the acc	cident?			
Do you hav	e any previous injur	y to the sense area?				
Are you stil	l being treated for th	is injury?				
If you are st	till being treated for	this injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



## **PAIN INFORMATION**

Document Date: 06/21/23

### PATIENT #

Name: 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: 06/21/23

Name:	AFFAN TAREEN	SSN:	XXX-XX9999	

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 THEREAPIST 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: 06/21/23

PA	Т	TE	N	Т	#

Name:	AFFAN TAREEN	SSN:	XXX-XX9999

#### **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: 06/21/23

PATIENT	' #		
Name:	AFFAN TAREEN	SSN:	XXX-XX9999
PRIVACY	INFORMATION Page (2 of 3)		
Appointme	ent Reminders: Your health inform	nation will be used by o	ur staff to send you appointment reminders.
interesting		t of your medical condit	d to send you information that you may find tion. From our database, we may also send you be of interest to you**
	Please do not use my he	alth information for the	ahove-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: 06/21/23

HON A PRINTED IN THE	
	$\alpha$

Name:	AFFAN TAREEN	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:	AFFAN TAREEN	SSN:	XXX-XX9999
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Receipeived, read and fully understand the Notice of alge and understand that West Stat Physical the outlined in the notice.	F 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	t is an adult who is unable to sign this form.
	5 1 1 11 5 1		