

Patient Information and Treatment Authorization

PATIENTI	NFORMATION #		WESTSTAR HOLLY WOOD
Name:	PAUL BREISCH	SSN:	XXX-XX9999
Address:	1425 N CHEROKEE STREET	Sex:	M
City, Zip:	LOS ANGELESCA90093	DOB:	05/08/1959
Home Ph:	(323)605-4193	Age:	64
Work Ph:		Email:	
Cell Ph:			
PATIENT I	NFORMATION #		
Date:	04/29/2023	Post Sx:	
Type:	PI	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	MILLER, LAWRENCE ROSS	Body Pts:	
Address:	8641 WILSHIRE BLVD STE 200		
City, Zip:	BEVERLY HILLSCA90211		
Phone:	(310)657-7246	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	IENT 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 ASSIGNMEN	T OF BENEFITS	
I hereby aut	chorize WestStar Physical Therapy to rethis illness upon request. I hereby authorize property for services rendered.	elease information r	
		07/03/23	
PAUL BRI	EISCH	Date Sig	gned



JOB INFORMATION #

Name: PAUL BREISCH SSN: XXX.XX9999 JOB INFORMATION # Job Title: Job Description: ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Ifour Squatting: Hours Stand: Hours Stooping-bending: Hours At work, on average, how much time do you spend? Squatting: Hours At work, on average, how much time do you spend? Stand: Hours Reaching Up: Hours At work, on average, how many hours do you work At work, on average, how many hours do you work Per At work, on average, how many hours do you work Reaching Up: Hours Ladder Climbing: Hours Ladder Climbing: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours I Iting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never Never II lib to 25 lbs: Golbs to 50	PATIENT	#					
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Si:	Name:	PAUL BREISCH		SSN:	XX	(X-XX9999	
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Scooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how many hours do you work per Hours Reaching Up: Hours At work, on average, how many hours do you work per Twisting: Hours Day/Shift: Hours Stair Climbing: Hours Using a Computer: Hours Using a Computer: Hours Publing: 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: 37 lbs: 17 lbs to 160 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Repetitive Foot Movement: Repetitive Foot Movement: Repetitive Foot Movement: Process of the foot of the foot manual foot includes and the foot manual foot inc	JOB INFO	RMATION#					
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Scooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how many hours do you work per Hours Reaching Up: Hours At work, on average, how many hours do you work per Twisting: Hours Day/Shift: Hours Stair Climbing: Hours Using a Computer: Hours Using a Computer: Hours Publing: 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: 37 lbs: 17 lbs to 160 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Repetitive Foot Movement: Repetitive Foot Movement: Repetitive Foot Movement: Process of the foot of the foot manual foot includes and the foot manual foot inc							
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 At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Week: Hours Crawling: Hours Week: Hours Stair Climbing: Hours 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: 31 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Power Gripping: Procision Handling: Balancing: Timed work for efficiency: Timed work for efficiency:	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/bending: Hours Walk: Hours Kneeling: Hours At work, on average, how many hours do you work Peaching Up: Hours At work, on average, how many hours do you work Peaching Up: Hours Day/Shift: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Using a Computer: 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: Hours 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 At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Power Gripping: Precision Handling: Balancing: Hours Often Sometimes Never Precision Handling: Balancing: Hours Never Hours Never 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 Peaching Up: Hours At work, on average, how many hours do you work Peaching Up: Hours At work, on average, how many hours do you work Peaching Up: Hours Day/Shift: Hours Stair Climbing: Hours Week: Hours Using a Computer: 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: Hours At work, my job requires that I lift Constantly Often Sometimes Never 15 lbs to 50 lbs: Hours 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 Hand Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	During a turn	Saal 9 hour day, How	many hours do you	e At work	c. on average.	how much time d	o vou spend?
Stand: Hours Stooping/bending: Hours Walk: Hours Kneeling: Hours Drive: 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 Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: Hours Stair Climbing: Hours At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Precision Handling: Hours Repetitive Foot Movement: Hours Precision Handling: Hours Precision Hours Procision Hour		orcar 8-flour day, 110w		•	_	,	
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 Hours At work, my job requires that I lift Constantly Often Sometimes Never To libs to 150 lbs: 51 lbs to 75 lbs: 675 lbs to 100 lbs: over 100 lbs: At work, my job includes At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Constantly Often Sometimes Never			\preceq	Stooping	g/bending:		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 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 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never			\preceq				Hours
At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Hours Hours Stair Climbing: Ladder Climbing: Hours Using a Computer: Hours Pushing: Pulling: Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 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 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: Timed work for efficiency:			_				Hours
At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Hours Ladder Climbing: Hours Using a Computer: 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 Repetitive Hand Movement: Repetitive Hand Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:				Reachin			Hours
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: At work, my job includes Constantly Often Sometimes Never Precision 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 wo	ork			Hours
Week: Hours Hours Hours Hours Hours Hours Hours Hours Hours Hours Using a Computer: Hours Hou							
Ladder Climbing: 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: 12 lbs to 50 lbs: 15 lbs to 50 lbs: 16 lbs to 100 lbs: 17 lbs to 100 lbs: 18 lbs to 100 lbs: 19 lbs to 100 lbs: 10 lbs to 100 lbs: 10 lbs to 100 lbs: 11 lbs to 75 lbs: 12 lbs to 75 lbs: 13 lbs to 75 lbs: 14 lbs to 75 lbs: 15 lbs to 100 lbs: 16 lbs to 100 lbs: 17 lbs to 75 lbs: 18 lbs to 100 lbs: 18 lbs to 100 lbs: 19 lbs to 100 lbs: 10 lbs to 50 lbs to 100 lbs: 10 lbs to 50 lbs to 100 lbs: 10 lbs to 50 lbs to 100 lbs: 11 lbs to 50 lbs: 12 lbs to 50 lbs: 13 lbs to 50 lbs: 14 lbs to 50 lbs to 50 lbs to 50 lbs: 15 lbs to 75 lbs: 16 lbs to 50 lbs to 50 lbs: 17 lbs to 75 lbs to 50 lbs t			\preceq			}	
Using a Computer: Using the Telephone: 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 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:	Week:		Hours			}	
Using the Telephone: Pushing: Hours Pulling: Hours 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 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:						<u></u>	
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: 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: 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: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:						<u></u>	
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:				_			
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:							
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 Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:				Lifting (Overhead:		Hours
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:	At work, n	ny job requires that	I lift	Constantly	Often	Sometim	nes 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:							
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:							
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 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:	0 0 0 100 105	•					
Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	At work, n	ny job includes		Constantly	Often	Sometim	nes Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:							
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:		// * *					
			_			}	
						}	



INJURY INFORMATION

PATIENT #						
Name:	PAUL BREISCH		SSN:	XXX-XX9999		
INJURY IN	FORMATION #					
Briefly describ	e your injury :					
					Yes	No
Did you go to	o the Emergency Ro	oom at a Hospital?				
If not an Eme	ergency Room, Ad	you go to some other typ	pe of medical fa	cility?		
Were x-rays	taken?					
If an auto acc	cident, was the vehi	cle drivable after the acc	cident?			
Do you have	any previous injury	to the sense area?				
Are you still	being treated for th	is injury?				
If you are sti	ll being treated for t	his injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



PAIN INFORMATION

Document Date: 07/03/23

PATIENT

Name: PAUL BREISCH 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: 07/03/23

PATIENT #				
Name:	PAUL BREISCH	SSN:	XXX-XX9999	
WAIVER IN	NFORMATION			

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: 07/03/23

TD A	777		
		I IH.IN II	44

Name:	PAUL BREISCH	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: 07/03/23

PATIENT	<u>'</u> #			
Name:	PAUL BREISCH	SSN:	XXX-XX9999	
PRIVACY	Y INFORMATION Page (2 of 3)			
Appointm	ent Reminders: Your health information	on will be used by o	ur staff to send you appointment reminde	ers.
interesting		your medical condit	d to send you information that you may fi ion. From our database, we may also sen be of interest to you**	
	Please do not use my health	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: 07/03/23

TD A		A TENT	Ш
PA	 IIH.I	V	#

Name:	PAUL BREISCH	SSN:	XXX-XX9999

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



PATIENT	#		
Name:	PAUL BREISCH	SSN:	XXX-XX9999
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Received, read and fully understand the Notice of lige 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	Relationship to Patient :_		t is an adult who is unable to sign this form.