

## **Patient Information and Treatment Authorization**

Name:	LAURA IVAN	SSN:	XXX-XX8024
Address:	13900 PANAY WAY SR 223	Sex:	F
City, Zip:	MARINA DEL REYCA90292	DOB:	01/08/1988
Home Ph:	(310)951-3632	Age:	35
Work Ph:		Email:	
Cell Ph:			
PATIENT I	NFORMATION#		
Date:	04/25/2023	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	SHANAA, MANO	Body Pts:	
Address:	640 S SAN VICENTE BLVD 481		
City, Zip:	LOS ANGELESCA90048		
Phone:	(424)266-7878	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	IENT INFORMATION:		
Name:	OMGIVNING	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 rechis illness upon request. I hereby authorapy for services rendered.	elease information r	
		07/19/23	
LAURA IV	'AN	Date Sig	ned



## **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sii: Hours Squatting: Hours Stand: Hours Stuoping/bending: Hours Walk: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Stand: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Stand: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Reaching Up: Hours Twisting: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Pushing: Hours Pushing: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: Hours Stair Climbing: Hours Pushing: Hours Pushing: Hours Pushing: Hours Pushing: Hours At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Prevision Handling: Hours Prevision Handling: Hou	PATIENT	#					
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si:	Name:	LAURA IVAN		SSN:	xx	X-XX8024	
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?  Stand: Hours Stooping/bending: 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  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  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  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Hours Often Sometimes Never  Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Hours Often Sometimes Never  Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Reaching Tower Often Sometimes Never Reaching Tower Often Sometimes Never Reaching Tower Often Sometimes Never Never Never Never Never Never Never	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?  Stand: Hours Stooping/bending: 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  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  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  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Hours Often Sometimes Never  Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Hours Often Sometimes Never  Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Repetitive Foot Movement: Power Often Sometimes Never Reaching Tower Often Sometimes Never Reaching Tower Often Sometimes Never Reaching Tower Often Sometimes Never Never Never Never Never Never Never							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:	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 Hours Reaching Up: Hours  At work, on average, how many hours do you work  per Twisting: 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  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  Constantly Often Sometimes Never  At work, my job includes 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				
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  Weak: Using a Computer: 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: over 100 lbs:	During a typ	sical 8-hour day, How	many hours do you?		_	how much time do yo	
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  Hours  Hours  Hours  Hours  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: Hours  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never	Sit:		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	Stand:		Hours				$\longrightarrow$
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:	Walk:		Hours				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:	Drive:		Hours	Reaching	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  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: 100 lb	At work, o	on average, how ma	コ ny hours do you wo	ork Reaching	Reaching Out:		Hours
Week: Hours    Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Using a Computer:   Hours   Hou	per	<i>5</i> /		Twisting	Twisting:		Hours
Week: 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 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:	Day/Shift:		Hours	Crawling	g:	Hours	
Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Pushing:  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  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:			$\exists$	Stair Cli	mbing:		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:	WOOK.		Jilouis	Ladder (	Climbing:		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: 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	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  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad : Timed work for efficiency:				Using th	e Telephone :		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  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:  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:				_			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 Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:				_			Hours
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:	A		T 1°C.			~ .	
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:			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: 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:			}_				$\exists$
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:			_		<b></b>	{}	
Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:							
Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:				Constantly	Often	Sometimes	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:		ytan mays-/t1 1	_				
			_			}	_
Simultaneous computer & telephone:		s computer & telephone					_{ }



## **INJURY INFORMATION**

PATIENT #	‡					
Name:	LAURA IVAN		SSN:	XXX-XX8024		
INJURY IN	FORMATION #					
Briefly descri	be your injury :					
					Yes	No
Did you go	to the Emergency Ro	oom at a Hospital?				
If not an En	nergency Room, Ad	you go to some other ty	pe of medical fac	eility?		
Were x-rays	s taken?					
If an auto ac	ccident, was the vehi	cle drivable after the acc	cident?			
Do you hav	e any previous injury	to the sense area?				
Are you still being treated for this injury?						
If you are st	ill haing treated for	this injury, by whom?				
11 you are st	in being treated for	unis injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



#### **PAIN INFORMATION**

Document Date: 07/19/23

#### PATIENT #

Name: SSN: XXX-XX8024

#### 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: 07/19/23

Name:	LAURA IVAN	SSN:	XXX-XX8024	
WAIVER I	INFORMATION			
I, AM OF I	LEGAL AGE AND HEREBY CER	RTIFY THAT I WEN	T TO WEST STAR PHYS	ICAL THERAPY
OF MY OV	WN DISCRETION AND DECISION	ON TO RECEIVE PH	YSICAL THERAPY TREA	ATMENTS. I
UNDERST	CAND THAT I MAY OR MAY NO	OT HAVE A DOCTO	RS REFERRAL AND TH	AT GETTING
PHYSICAL	L THERAPY IS MY TREATMEN	T OF CHOICE. I AL	SO UNDERSTAND THAT	Γ I WILL BE
<b>EVALUA</b> 7	TED BY A LICENSED AND CER	TIFIED PHYSICAL	THEREAPIST AND THA	Γ THE
THERAPIS	STS EVALUATION AND RECOM	MMENDATION WIL	L BE EXPLAINED TO M	E BEFORE
TREATME	ENT. I UNDERSTAND THAT TH	E PHYSICAL THER	APIST WILL COMMUNI	CATE WITH MY
MEDICAL	DOCTOR TO GET AUTHORIZA	ATION FOR MY PH	YSICAL THERAPY TREA	TMENTS. 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:

PATIENT #

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



Document Date: 07/19/23

PATIENT #						
Name:	LAURA IVAN	SSN:	XXX-XX8024			
,		,				

#### **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: 07/19/23

PATIENT #						
Name:	LAURA IVAN	SSN:	XXX-XX8024			
PRIVACY	Y INFORMATION Page (2 of 3)					
Appointme	ent Reminders: Your health informat	tion will be used by ou	ar staff to send you appointment reminde	rs.		
interesting		of your medical condition	I to send you information that you may fon. From our database, we may also sen 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: 07/19/23

PA	T	IE	N	T	#
----	---	----	---	---	---

Name:	LAURA IVAN	SSN:	XXX-XX8024

#### 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



<b>PATIENT</b>	#		
Name:	LAURA IVAN	SSN:	XXX-XX8024
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Receipeived, read and fully understand the Notice of the ge and understand that West Stat Physical the nutlined in the notice.	f Privacy Pr	actices for West Star Physical therapy and
	Patient : SIGNATURE:_ Date_		
Patient Re			is an adult who is unable to sign this form.