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## PATIENT PRIVACY POLICY & PROCEDURE STATEMENT

Dear Patient:

Physical Therapy & Wellness of Richmond maintains compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) privacy regulations passed into law on December 20, 2000.

We obtain your voluntary consent to provide treatment and to release medical records to the appropriate entities and to those who you designate in order to provide health care treatment, obtain payment, and perform daily operations of the facility.

Our clinical and support staff uses patient information to ensure quality care and appropriate billing for services.

You may correct, amend, access, and request a copy of your medical record by signing a letter for release of your medical information. The cost for copies of medical records is in accordance with state law.

We protect all patient information within the guidelines provided by federal, state, and local government.

If you have any grievance pertaining to the privacy of medical records or wish to inquire further about how our facility manages patient information, please contact our patient coordinator at 804-325-1483.

Physical Therapy & Wellness of Richmond reserves the right to amend, change, and/or revise our privacy policy at any time in accordance with federal, state, and local rules, regulations, and guidelines.

Thank you for choosing our health care facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Guardian

01/2012