



6820 Veterans Blvd. Suite A
Metairie, LA 70006
504-887-7463 office
504-887-7115 fax

Contact Information and How to Report a Privacy Rights Violation

If you have questions and/or would like additional information regarding the uses and disclosures of your Health Information, you may contact our Privacy Office at 504-887-7463 or write to: P. O. Box 74860, Metairie, LA 70003. If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You may also file a complaint with the secretary of the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C., 20201. Complaints filed directly with the privacy practices, and must be filed within 180 days of the time you knew or should have known of the violation. Complaints to us must be in writing and to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

By Signing Below, I Hereby Acknowledge Receipt of the Privacy Notice

Printed Name of Patient

Date

Signature of Patient or Patient's Representative

Printed Name of Patient's Representative (if applicable)

Representative's Relationship to Patient (if applicable)

Patient Information Consent Form

I have read and fully understand Superior Rehabilitation Notice of Information Practices. I understand that Superior Rehabilitation may use or disclosed my health information for the purposes of carrying out treatment, obtaining payment, evaluation the quality of services provided and any administrative operations related to treatment or payment. I understand that if I notify the practice, I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations. I also understand that Superior Rehabilitation will consider requests for restriction on a case by case basis, but does not have to agree to request restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes noted in Superior Rehabilitation's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Signature

Date