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***Center for Muscle & Joint Therapy, Inc.
Privacy Notice Signature***

Center for Muscle & Joint Therapy will use and disclose protected health information for the purposes of treatment, payment and health care operations.

Our Notice of Privacy Practices provides more detailed information about how we may use and disclose your protected health information. You have the right to review our Notice of Privacy Practices, and is made available at The Center for Muscle & Joint Therapy or by mail upon request. We reserve the right to change the terms of our Notice of Privacy Practices.

You have a right to request us to restrict how we use and disclose your protected health information for the purpose of treatment, payment or health care operations. We are not required to grant your request but if we do, the restriction will be binding on us.

I have been offered a copy of the Privacy Practices of Center for Muscle & Joint Therapy, Inc.

Sign: _____ Date: _____

Print Name of Patient: _____

If you are signing as the patient's representative:

Print Your Name: _____

Describe Your Authority: _____