



# AQUACARE PHYSICAL THERAPY

[WWW.AQUACAREPHYSICALTHERAPY.COM](http://WWW.AQUACAREPHYSICALTHERAPY.COM)

Konlian, O'Neill, & Associates | Excellens Aquacare Physical Therapy | Syracuse Physical Therapy Partners | Fitness Forum of Aquacare

## HIPAA Contact Information

Name of Patient \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

How may we contact you and/or leave a message regarding **APPOINTMENTS, BILLING or MEDICAL INFORMATION?** Please circle **YES** or **NO** and provide contact information.

Home Phone:	YES	NO
Cell Phone:	YES	NO
Work Phone:	YES	NO
With Another Person (Specified name below)	YES	NO
E-Mail:	YES	NO
Preferred method of contact: (Please circle)		
E-Mail	Call Cell #	Call Home #
		Call Work #

**\*\* We may contact you through text message if we have/need to change the time of your appointment.**

Please list person(s) authorized to discuss medical information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: _____ Phone #: _____ PLEASE PRINT
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### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have read and been offered a copy of the Notice of Privacy Practices from Aquacare Physical Therapy. I am aware that a copy will be provided to me at any time by Aquacare Physical Therapy, per my request.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_