



*Trusted by Kern County
for over 30 years!*

HIPPA NOTIFICATION

In order to meet the legal requirement of the Health Insurance Portability and Accountability Act (HIPPA), Glinn & Giordano Physical Therapy, Inc. requires your consent to release information from your medical records and insurance records as appropriate to your medical needs including but not limited to chart notes, surgery reports, MRI and X-Ray reports, medical history, diagnoses, insurance coverage, payment history and demographic information such as your social security number. This release authorizes the above types of information to be released in written, electronic and oral formats as necessary for your medical needs, insurance requirements and payments to your account.

RECORDS RELEASE AUTHORIZATION

Glinn & Giordano Physical Therapy providers and staff will do everything possible to keep you medical, personal and insurance information private; releasing only what is necessary in order to provide excellent medical care and customer service. From time to time legal requests (i.e. subpoenas and court orders) are made for copies of patient records. When and if this occurs, Glinn & Giordano Physical Therapy, Inc. will abide by the court instructions to provide such information. You have the right under HIPPA law to examine and request copies of and amendments to your medical records and to request restrictions on the uses and disclosures of your personal health information.

ADVANCED BENEFICIARY NOTICE

Some procedures and services are not a covered benefit by Medicare and other insurances. These services are not deemed to be medically necessary and in the case of Medicare, failure to have a “face-to-face” meeting with your referring physician every thirty days while under the care of a physical therapist will result in a denial of payment for services. If your MD writes a prescription for physical therapy that is beyond the thirty-day limit, any services provided after that date will be billed directly to you as a non-covered service unless you go to the doctor within the 30 days. Signing the bottom of this form is your notice of non-coverage or advanced beneficiary notice (ABN).

Please sign below indicating your understanding and compliance with all policies and procedure stated and explained in this document. Please remember to provide your date of birth. Glinn & Giordano Physical Therapy, Inc. will complete the ‘Witness’ portion of this document. Thank you.

Patients/Guardian’s Signature

Date

Print Patients Name

Date of Birth

Witness

Date

NORTHWEST
2701 Calloway Dr. #400
661-589-9066

SOUTHWEST
3700 Gosford Rd.
661-832-9737

NORTH
200 China Grade Loop
661-615-6150

DOWNTOWN
1201 23rd St.
661-327-4357

SHAFTER
701 Central Valley Hwy.
6610237-6100

MARIE GLYNN
OCCUPATIONAL THERAPY
1831 Truxtun Ave. #150
661-326-1433