



Sari Ann Lewis, OTR/L, RCST®
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Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY:

Our commitment at Sari Hands PLC is to service clients with care and professionalism, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of your treatment, it may be necessary to share information with other health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During treatment, we will provide information to your referring physician and your insurance provider.
- A third party may perform transcription of information dictated by our practitioners.
- Should we refer you to a physician, information may be shared with them.
- For payment purposes, we may use the services of a billing service.
- We may leave messages about your treatment on your home answering machine or cell phone voice mail.

Sari Hands~Sari Ann Lewis, OTR/L, RCST® is committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures, other than the ones listed above are needed, information will only be released with the written authorization of the individual in question. The individual as provided for by law may revoke this written authorization at any time. If you have any questions or comments regarding your Protected Health Information, please feel free to contact Sari Lewis directly at 480-998-8448.

I have read and understand the above Notice of Privacy Practices

Signed: _____ Printed Name: _____

Date: _____