



### Privacy Policy

#### Advanced Therapy of America follows HIPAA Laws

- Health records and billing information are protected from disclosure to any second or third parties.
- Client information is protected from other third parties.
- Client information can be provided to other second parties such as Advanced Therapy of America staff for efficient quality of care.
- Authorization Release Forms must be signed in order for information to be provided to any parties.
- Health information, photographs, and videos cannot be utilized for marketing purposes without consent from signing the Media Release Form.
- I understand that, at any time, this authorization may be revoked, when the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records, whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my health care will not be affected if I refuse to sign this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual or Representative

\_\_\_\_\_  
Authority or Relationship to Individual, if Representative