

**Exceptional Horizons Physical Therapy, PLLC**

3102 Route 9  
Cold Spring, NY, 10516

NOTICE OF PRIVATE PRACTICE  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPPA)

I have reviewed the Notice of Private Practice under the Health Insurance Portability and Accountability Act (HIPPA) and have accepted the privacy practices, legal duties, and rights concerning my health information. I also understand that the information supplied is required by applicable federal and state law to maintain the privacy of my health information.

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Child's Name (Please Print)

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Parent's Signature

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Date