



HIPAA Regulations Agreement

I, _____, hereby recognize and agree to abide by the standards governed by HIPAA which state that all patient information is confidential. This includes the patient's name, medical information, and any other information disclosed by the patient. I understand that I cannot share this information with other individuals. By signing below, I will acknowledge these regulations and standards of practice while volunteering at Performing Arts Physical Therapy.

X _____
Signature

Date

Performing Arts Physical Therapy
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