



**Unbroken Body LLC**  
1280 Diamond Way  
Concord CA 94520

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**Advanced Notice of  
Privacy and Communication Practices**

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Your Information. Your Rights. Our Responsibilities.

We will not share your information to any entity without your permission. In any instance that PHI can be collected from this office while complying with the law without your permission, we will send a courtesy notice to all parties involved.

What is your protected health information (PHI)

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual

This notice confirms you have reviewed how medical information about you may be used and disclosed and how you can get access to this information. Full disclosure of Health Insurance Portability and Accountability Act (HIPAA) is defined by California Department of Health Care Services (DHCS) and the United States Department of Health and Human Services (HHS). Copies of this information are available in office and online, and we can delivery to you by hand or electronically at your request.

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This office may use several methods of communication, please strike from the list any communication you do not wish to share PHI.

- Phone call
- Voicemail
- Text message
- Email
- Fax machine
- US Postal service

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By signing below I acknowledge I have read and reviewed my HIPAA rights, have had all my questions answered and know I can update my preferences at any time.

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Patient/Legal Guardian Signature