PRO SYNERGY PHYSICAL THERAPY

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Patient Consent for Use and Disclosure of Protected Health Information Privacy Policy

Our "Notice of Privacy Practices" Provides information about how we may use and disclose protected health information about you. The notice contains a "Patient Rights" section describing your rights under the law. You have the right to review our notice before signing this consent. The terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor this agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

CONSENT TO RELEASE INFORMATION

I designate the following representative(s) who the provider can communicate with on your behalf, If I do not designate anyone, the medical provider will be unable to speak to anyone in your family regarding your medical condition.

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Name Relationship

.....

Name Relationship

By signing this form, I permit the practice to release any medical information to the physicians involved in my care. I consent that the practice may call my house or other designated locations and leave a message on voice mail or in person in reference to appointment reminders and insurance items. In addition, the practice may mail to my home appointment reminders patient statements.

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Signature of Patient or Patient's representative Date

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Printed name of patient or patient's representative

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Relationship to the patient