

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Release Physical Therapy, may use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). Please refer to Release Physical therapy Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Release Physical Therapy, reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Office Manager, at 1170 22nd street Washington, DC 20037.

By signing this form, I consent, Release Physical Therapy, may call my home or other designed location and leave a message on voice mail or disclose to a third party (who may answer my phone) any information that assist Release Physical Therapy in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care. I authorize Release Physical Therapy to use an automated telephone system (Phone Tree) to leave a reminder message on my voicemail system or answering machine.

With my consent, Release Physical Therapy, PLLC may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

I have the right to request that Release Physical Therapy restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this for, I am consenting to allow Release Physical Therapy to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Release Physical Therapy may decline to provide treatment to me.

Patient's Name, (Please Print)

Signature of Patient or Legal Guardian

Date

Legal Guardian's Name, (Please Print)

Relationship to Patient

Date

