

Sports & More Physical Therapy, Inc.

PATIENT INFORMATION CONSENT FORM

I have read and fully understand Sports & More Physical Therapy, Inc.'s Notice of Information, Rights and Responsibilities Practices. I understand that Sports & More Physical Therapy, Inc. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Sports & More Physical Therapy, Inc. will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Sports & More Physical Therapy, Inc.'s Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Patient/Parent Signature

Date

DESIGNATED INDIVIDUALS AUTHORIZATION - Fill this out if you want other individuals to be able to make or change appointments, inquire about billing or your treatment.

I hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations (e.g. appointment scheduling) related to treatment and payment. I understand that the identity of designated parties must be verified before the release of any information.

Authorized Designees:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient/Parent Signature

Date