

BLASER PHYSICAL THERAPY

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that as part of my healthcare, Blaser Physical Therapy originates and maintains health records describing my health history, symptoms, examinations and test results, diagnosis, treatment and any plans for future care and treatment. I also understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a **Notice of Privacy Practices** that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand the Practice reserves the right to change their notice and practices, and prior to implementation, will mail a copy of any revised notice to the address that I have provided if there is a need to use or disclose any protected health information. I also understand that I have the right to restrict as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

With this consent, Blaser Physical Therapy may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out routine office procedures, such as appointment reminders, insurance items and any calls pertaining to my clinical care, among others.

With this consent, Blaser Physical Therapy may mail to my home or other alternative location any items that assist the practice in carrying out routine office procedures, such as appointment reminder cards and patient statements.

By signing this form, I am consenting to allow Blaser Physical Therapy to use and disclose my protected health information to carry out routine office procedures.

Signature of Patient/Parent/Legal Guardian

Date

Print Name

Relationship to Patient