



PATIENT INFORMATION CONSENT FORM

PATIENT HIPAA CONSENT

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, pay the health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

ASSIGNMENT OF BENEFITS AND INSURANCE PROCEEDS

I authorize payment of medical benefits to Synergy Physical Therapy & Sports Medicine for services rendered. Synergy Physical Therapy will make reasonable effort to collect insurance proceeds by completing insurance forms and submitting to your insurance company. Completion of such forms and/or the acceptance of assignment of insurance benefits does not relieve the undersigned of the obligation to pay the amount owed for physical therapy.

We trust that insurance information given is current and correct. If we find this to be untrue, you may be held responsible for payment.

CONSENT FOR TREATMENT

I, the undersigned do hereby agree and give my consent for Synergy Physical Therapy & Sports Medicine to furnish physical therapy to myself or dependent, which is considered necessary and proper in evaluating and treating myself or dependent for my/their physical condition.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care.

Patient Signature: _____ Date: _____