NATURE COAST PHYSICAL THERAPY & REHAB

Patient Name:_____ DOB:_____

Notice of Privacy Practices

By signing below, I acknowledge that a Notification of Privacy Practices has been made available to me, and a copy available if requested. In addition, I hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment, and health care operations.

Initial_____

Sharing of Medical Information

I hereby give authorization to share Protected Health Information to the following, if they request it on an urgent basis. It includes identifying information, health coverage information, past, present and future claims information and medical records. This authorization is voluntary.

I give my permission for Nature Coast Physical Therapy and Rehab to request or release my medical records to:

Name: _____ Relationship:_____

Release of Information and Assignment of Benefits

I hereby authorize Nature Coast Physical Therapy and Rehab to release any and all information contained in my record to all insurance companies that is relative to claims made on my behalf and also that said payments be made directly to Nature Coast Physical Therapy and Rehab. This also applies to Medicare payments under the Social Security Act and Medicare and its intermediary carriers. This authorization remains valid during my lifetime or until otherwise revoked in writing by myself. This is a direct assignment of my rights and benefits under this policy. A photocopy of this assignment shall be considered as effective and valid as the original.

Initial_____

Consent for Treatment

I agree to receive outpatient rehabilitative care and services provided by Nature Coast Physical Therapy and Rehab. I understand that this care can include an evaluation, testing and treatment. I have received no guarantees as to the outcome of the care provided by Nature Coast Physical Therapy and Rehab.

Initial_____

I have read and understood the above information.

Patient Signature:_____Date:_____

Witness:_____ Date:_____