

**PATIENT CONSENT FORM/NOTICE AND RECEIPT OF PRIVACY PRACTICES**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (**HIPAA**), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

Prior to signing this consent, I received, read and do acknowledge that I understand the **PT Success Clinic's Notice of Privacy Practices** which contains a more complete description of the uses and disclosures of my health information. I understand that **PT Success Clinic** has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this clinic at any time at their address to obtain a current copy of the *Notice of Privacy Practices*. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Further I give permission to **PT Success Clinic** to communicate test results and other private medical information to the following individual, in my absence:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*\*\*\*\*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**Office Use Only**

I attempted to obtain the patient's signature in acknowledgement of the *Notice of Privacy Practices*, but was unable to do so as documented below:

\_\_\_\_\_

Name	Date
------	------

---

Reason