

Mt. Shasta Physical Therapy and Wellness Clinic
Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Mt. Shasta Physical Therapy and Wellness Clinic for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Mt. Shasta Physical Therapy and Wellness Clinic. I understand that diagnosis or treatment of me by Mt. Shasta Physical Therapy and Wellness Clinic may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Mt. Shasta Physical Therapy and Wellness Clinic is not required to agree to the restrictions that I may request. However, if Mt. Shasta Physical Therapy and Wellness Clinic agrees to a restriction that I request, the restriction is binding on Mt. Shasta Physical Therapy and Wellness Clinic.

I have the right to revoke this consent, in writing, at any time, except to the extent that Mt. Shasta Physical Therapy and Wellness Clinic has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Mt. Shasta Physical Therapy and Wellness Clinic’s Notice of Privacy Practices prior to signing this document. The Mt. Shasta Physical Therapy and Wellness Clinic’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Mt. Shasta Physical Therapy and Wellness Clinic.

The Notice of Privacy Practices for Mt. Shasta Physical Therapy and Wellness Clinic is also provided at the receptionist’s desk. This Notice of Privacy Practices also describes my rights and the Mt. Shasta Physical Therapy and Wellness Clinic’s duties with respect to my protected health information.

Mt. Shasta Physical Therapy and Wellness Clinic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for it at the time of my next appointment.

Date _____

Signature of Patient or Personal Representative

Name of Patient or Personal Representative (Printed)

Description of Personal Representative’s Authority