



TRINITY

MANUAL & SPORTS PHYSICAL THERAPY

Consent for Use and Disclosure of Protected Health Information

Section A: Patient Giving Consent

Name: _____ Date of Birth: _____

Section B: PLEASE READ CAREFULLY THE FOLLOWING STATEMENTS.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of protected health information (PHI) to carry out treatment enable payment activities, healthcare operations.

Notice of Privacy Practices: You have the right to read our Privacy Practices before you decide whether to sign this Consent. Our notice provides a description of our treatment activities and healthcare operations. Of the uses and disclosures we may make of your PHI, and of other important matters about your PHI. A copy of our notice is located in the waiting room and is available for your review. We encourage you to read it carefully and completely before signing this consent.

We reserve the right to change our privacy practices in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your PHI that we maintain.

Right to Revoke: You will have the right to revoke this consent at any time by giving us written notice of your revocation. Please understand that revocation of this consent will not affect any action we took on reliance on this consent before we received your revocation and that we will decline to treat you or to continue treating you if you revoke this consent.

I _____, have had the full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my Protected Health Information as described in the “ Notice of Privacy Practices “

Signature

Date

If this consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative’s Name: _____

Relationship to the Patient: _____

You are entitled to a copy of this consent after you sign