

ADVANCED PERFORMANCE PHYSICAL THERAPY AND REHABILITATION

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I authorize ADVANCED PERFORMANCE PHYSICAL THERAPY AND REHABILITATION to use and disclose the health and medical information of _____ for the purposes of Treatment, Payment and Health Care Operations.

TREATMENT:

Includes activities performed by a health care provider, practitioner, office staff and other types of health care professionals providing care for you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This consent includes treatment provided by any practitioner who covers my/or practice by telephone as the on-call practitioner

PAYMENT:

Includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization.

HEALTH CARE OPERATIONS:

Includes the necessary administrative and business functions of our office.

You may review ADVANCED PERFORMANCE PHYSICAL THERAPY AND REHABILITATION "Notice of Privacy Practices" for additional information about the uses and disclosures of information as described in this authorization prior to signing this form. Please verify that you have received a copy of our Notice by placing your initials here _____. The Notice of Privacy Practices for Advanced Performance Physical Therapy and Rehabilitation is provided on site at 1201 E Ocean Avenue Suite A. Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice can be made available at our office indicating the effective date of the Notice. We will offer you a copy of the Notice on your first visit to us after the effective date of the current Notice. We will also provide you with a copy of the Notice upon request. As more fully explained in the Notice, you have the right to request restrictions on how we use and/or disclose your protected health information for treatment, payment and health care operations purposes. We are NOT required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Other practitioners who provide call coverage for our offices are required to use and disclose your protected health information consistent with the Notice.

I, the undersigned, understand that I have the right to revoke this Authorization provided that I do so in writing except to the extent that ADVANCED PERFORMANCE PHYSICAL THERAPY AND REHABILITATION has already used or disclosed the information in reliance with this Authorization.

Signature of Patient

Signature of authorized representative

Date

Date