

## **PRIVACY CONSENT**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. The terms of our notice may change. Current copies are available upon request.

You have the right to request that we restrict the use and disclosure of your protected health information. We are not required to agree to this request, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of your protected health information as outlined in our Notice of Privacy Practices. You have the right to revoke this consent, in writing, understanding that we cannot take back disclosures that have already been made on your prior consent.

PATIENT NAME: \_\_\_\_\_

PATIENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

HIPAA laws limit our ability to discuss your private information with your family members, or other persons close to you.

If you would like to grant us permission to speak with a person other than yourself regarding your protected health information, please indicate by completing the following:

Their name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Their birthdate: \_\_\_\_\_

- Additional names may be listed on the back of this form.

Would you like to grant us permission to leave detailed messages on your voice mail or other phone answering system? (Examples may include appt. verification, problems regarding your insurance coverage, account issues, etc.)

- Yes, permission granted. Please leave detailed messages for me.
- No, permission denied. Please leave 'name & number' messages and I (the patient or guardian) will return your call.

**FOR EMPLOYEE USE:**

This information re-verified/updated:

Initial & Date \_\_\_\_\_ Initial & Date \_\_\_\_\_ Initial & Date \_\_\_\_\_ Initial & Date \_\_\_\_\_

- Additional names of persons that I grant Edmonds Physical Therapy employees permission to speak with regarding my protected health information.

Their name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Their birthdate: \_\_\_\_\_

Their name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Their birthdate: \_\_\_\_\_

Their name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Their birthdate: \_\_\_\_\_

Their name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Their birthdate: \_\_\_\_\_