

Consent for Use and Disclosure of Protected Health Information

Use and Disclosure of Your Protected Health Information

Your protected health information will be used by Century City Physical Therapy, Inc. or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information. **If you pay out of pocket and in full** for a service you may request that your health information not be disclosed to your insurance company. This request will be honored unless Century City Physical Therapy Inc., is legally required to disclose this information.

Century City Physical Therapy, Inc. may or may not agree to restrict the use or disclosure of your protected health information. If Century City Physical Therapy, Inc. agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards. If your health information is shared with an insecure entity, you will be notified promptly.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Request of Medical Records

You have a right to request your medical records in paper or electronic form. A written request is required to access your medical records. A reasonable, cost-based fee will be applied to your account accordingly.

Reservation of Right to Change Privacy Practices

Century City Physical Therapy, Inc. reserves the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed this consent form and give my permission to Century City Physical Therapy, Inc. to use and disclose my health information in accordance with it.

Name of Patient (Print or Type)

Signature of Patient Date

Signature of Patient Representative

Relationship of Patient Representative to Patient