



BARROWS

TRAINING AND EDUCATION
PHYSICAL THERAPY

Where excellence and experience make a difference in your care.

ACKNOWLEDGEMENT AND CONSENT OF PRIVACY PRACTICES ACT

I understand Barrows Physical Therapy may use or disclose my personal health information, for the purposes of carrying out treatment, obtaining payment or evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Barrows Physical Therapy will consider requests for restrictions on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for the purposes as noted in the Barrows Physical Therapy Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the Practice in writing at any time.

I further acknowledge that a copy of the current notice will be available upon request.

Signature

Date

If not signed by patient, please indicate relationship:

<input type="checkbox"/> Parent or guardian of minor	<input type="checkbox"/> Guardian or conservator	<input type="checkbox"/> Beneficiary or personal representative
--	--	---

Please print below anyone you wish to release information on your behalf:

Name	Relationship
Name	Relationship
Name	Relationship