



CONSENT

I give Madras Physical Therapy my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and healthcare operations like quality reviews.

I authorize my healthcare providers to release personal health information as it pertains to my rehabilitative care if any is requested by Madras Physical Therapy Group.

I have been informed that I may review Madras Physical Therapy's Notice of Privacy Practices before signing this consent.

I understand that Madras Physical Therapy has the right to change their privacy practices and that I may obtain any revised notices.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that Madras Physical Therapy is not required to agree to the request. If Madras Physical Therapy agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Signature: _____ Date: _____

If signed by a patient representative, please state relationship to patient _____