

PATIENT CONSENT FORM

Medical Release for MMPT to Release Records: I hereby authorize Melanie Massey Physical Therapy, Inc. to release to healthcare providers copies of all medical reports, progress notes, physician's orders, itemized statements, and any other documents relating to any examination or treatment pertaining to the said patient. This release also authorizes verbal communication by provider to the party who is to receive medical records.

Authorization for Healthcare Provider to Release Records to MMPT: I hereby authorize all health care providers to release unto Melanie Massey Physical Therapy, Inc. all medical reports, progress notes, physician's orders, itemized statements, and any and all other documents relating to any examination or treatment. This release also authorizes verbal communication by the healthcare provider to the party who is to receive the medical records.

Use and Disclosure of Your Protected Health Information: Your protected health information will be used by Melanie Massey Physical Therapy, Inc. or disclosed to others (i.e. caregiver present at the time of treatment) 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 for the purposes of treatment, payment or health care operations.

Melanie Massey Physical Therapy, Inc. may or may not agree to restrict the use or disclosure of your protected health information.

If **Melanie Massey 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.

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.

Reservation of Right to Change Privacy Practices: Melanie Massey Physical Therapy, Inc. reserves the right to modify the privacy practices outlined in the notice.

Photograph: I hereby understand that my picture may be taken to be displayed in the clinical environment or to be used for advertising purposes. If you strictly prohibit photographing please sign here _____.

Signature: I have reviewed this consent form and give my permission to Melanie Massey Physical Therapy, Inc. to use and disclose my health information in accordance with it for the purposes of treatment, payment & health care operations. A photo copy of this authorization form shall have the same force and effect as the original thereof. Should I wish to revoke any of this authorization, I will be required to request the revocation in writing with the appropriate form obtained from the office personnel.

Signature of Patient/Legal Representative

Date

If individual other than patient, relationship to patient: _____

Signature of Patient/Legal Representative stating that a copy of the Notice of Privacy Practices was received.

Signature of Office Personnel providing copy of Notice of Privacy Practices

Date

Allergies/Medical Devices: If there are any known allergies (ex: nuts, dyes) or medical devices (ex: shunt) that you wish for the therapist to be aware of, please list below:
