

Canyon Physical Therapy & Aquatic Rehabilitation

Acknowledgement of Receipt of Notice of Privacy Practices

I have been given a copy of Canyon Physical Therapy & Aquatic Rehabilitation notice of privacy practices that describes how my health information is used and shared. I understand that Canyon Physical Therapy & Aquatic Rehabilitation has the right to change this notice at any time. I may obtain a current copy by contacting the Physical Therapy office at any time.

My signature below constitutes my acknowledgement that I have been provided with a copy of the notice of privacy practices.

Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship to patient. _____

PATIENT INFORMATION CONSENT FORM

I have read and fully understand Canyon Physical Therapy & Aquatic Rehabilitation's Notice of Information Practices. I understand that Canyon Physical Therapy & Aquatic Rehabilitation may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, 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 Canyon Physical Therapy & Aquatic Rehabilitation will consider requests for restriction 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 purposes as noted in Canyon Physical Therapy & Aquatic Rehabilitation's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Patient Signature

Date