



MIDTOWN PHYSICAL THERAPY, PLLC
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Notice of Patient Privacy

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with the notice describing:

How medical information about you may be used and disclosed and how you can access this information

We may require your written consent before we use or disclose to others your medical information for the purposes of providing or arranging for your health care, the payment or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspection and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our notice from time to time. You have the right to receive a copy of our most current notice in effect. If you have not yet received a copy of our current notice, please ask us and we will provide you with a copy. If you have any questions, concerns, or complaints about the notice of your medical information, please contact us directly.

Release of medical information necessary to process claims

I authorize the release of all medical or other information needed to process my medical claims. I also request payment of government benefits to the party above who accepts the assignment.

Authorization of payment of benefits to provider

I authorize payment of medical benefits to the health care provider above for the physical therapy services given to me or my dependent.

Consent for physical therapy

I, the undersigned, do hereby agree and give my consent for the providers listed above to furnish physical therapy to myself or dependent, which is considered necessary and proper in evaluating and treating myself or dependent for my/their physical condition.

I have read, understood and agree with the above information.

Patient/Guardian Name: _____

Signature: _____ Date: _____