



PERFORMANCE

PHYSICAL THERAPY OF IDAHO

HIPAA Consent Form

This consent form allows Performance Physical Therapy of Idaho to use and disclose information about me protected under the Health Insurance Portability and Accountability Act of 1996. This information may be used or disclosed to carry out treatment, payment, research or healthcare operations.

Performance Physical Therapy of Idaho has offered me a Notice of Privacy Practices, which more completely describes such uses and disclosures. They offered this notice to me prior to my signing this form in accordance with my right to review its practices before signing consent.

I understand that the terms of the Notice of Privacy Practices may change and that I may obtain revised notices by contacting Performance Physical Therapy of Idaho and requesting a current copy of the Notice of Privacy Practices.

I understand that I have the right to request – now and in the future – how protected health information is used or disclosed to carry out treatment, payment, and health care operation. I understand that while Performance Physical Therapy of Idaho is not required to agree to my requested restrictions, if it does agree, it is bound by that agreement.

I understand that at any time I have the right to revoke this consent provided that I do so in writing, but that Performance Physical Therapy of Idaho may still use information to complete any actions that it began prior to my revoking consent and which rely on my protected health information.

I understand that Performance Physical Therapy of Idaho may refuse me services if I refuse to sign this consent.

Print Name _____

Signature _____

Date _____