

# DIAMOND PHYSICAL THERAPY

## Consent for Purpose of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Diamond Physical Therapy for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct healthcare operations of Diamond Physical Therapy. I understand that diagnosis or treatment of me by Diamond Physical Therapy may be conditioned upon my consent as evidenced by my signature or this document I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Diamond Physical Therapy is not required to agree to the restrictions that I request, the restriction is binding on Diamond Physical Therapy.

I have the right to revoke this consent. In writing, at any time, except to the extent that Diamond Physical Therapy has taken action in reliance on this consent. My "protected health information" means health information, including demographic information collected, from me and created or received by my physician, another healthcare provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present and future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Diamond Physical Therapy's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Diamond Physical Therapy. The Notice of Privacy Practices for Diamond Physical Therapy is also provided in the reception area. This Notice of Privacy Practices also describes my rights and Diamond Physical Therapy's duties with respect to my protected health information.

Diamond Physical Therapy reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy practices by calling the office and requesting a copy be sent in the mail or asking for one at the time of my next appointment.

I give permission to share appointment, billing or medical information with the person(s) named here: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient:  
\_\_\_\_\_.