

## **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.

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

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

## **Consent Form Definitions [to be printed on reverse side of form]**

“Health care operations” refers to a large number of activities, including:

- 1) Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- 2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- 3) Underwriting, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
- 4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- 5) Business planning and development, such as conducting cost management and planning-related analysis related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- 6) Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analysis for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of healthcare. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

- 1) Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
- 2) Billing, claims management, collection activities, obtaining payments under a contract for reinsurance, and related health care data processing;
- 3) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- 4) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
- 5) Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information