

TOTAL CARE PHYSICAL THERAPY & FITNESS

1921 Waldemere Street
Suite 613

PH: 941-917-6500
Fax: 941-917-4455

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Total Care Physical Therapy & Fitness may use and disclose protected health information ("PHI") about me to carry out treatment, payment and healthcare operations ("TPO"). Please refer to Total Care Physical Therapy & Fitness' Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Total Care Physical Therapy & Fitness reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Total Care Physical Therapy & Fitness, 1921 Waldemere St. Suite 613, Sarasota, FL, 34239.

With my consent, Total Care Physical Therapy & Fitness may call my home number and leave a message regarding:

Appointment Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Billing Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>

With my consent, Total Care Physical Therapy & Fitness may call my work number and leave a message regarding:

Appointment Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Billing Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>

With my consent, Total Care Physical Therapy & Fitness may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, and patient statements as long as they are marked Personal and Confidential.

By signing this form, I am consenting to Total Care Physical Therapy & Fitness' use and disclosure of my PHI to carry out TPO. I have the right to request that Total Care Physical Therapy & Fitness restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I may revoke my consent in writing except to the extent that Total Care Physical Therapy & Fitness has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Total Care Physical Therapy & Fitness may decline to provide treatment to me.

Printed Name of Patient/Legal Guardian: _____

Signature of Patient/Legal Guardian: _____ Date: _____