



Consent to the Use and Disclosure of Health Information for Treatment, Payment, and/or Healthcare Operations

I, _____, understand that as part of my healthcare, Peak Physical Therapy & Wellness Center, pllc originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the many health professionals who contribute to my care;
- a source of information for applying my diagnosis and surgical information to my bill;
- a means by which a third-party payer can verify that services billed were actually provided; and
- a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change its notice and practices and, prior to implementation, will mail a copy of any revised notice to the address that I have provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, and/or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I wish to have the following restriction to the use or disclosure of my health information:

If I am unable to be reached, I give permission to have messages regarding my appointment time or other scheduling information left as follows:

_____ on answering machine _____ on voice mail _____ with family member _____ at work

_____ **please speak with me, do not leave messages.**

I fully understand and accept the terms of this consent.

Signature _____ Date _____