



NOTICE OF PRIVACY CONSENT FORM

By signing this form, you are giving consent to Idaho Physical Therapy to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. We have developed a “Notice of Privacy Practices” that provides more detailed information about how, and under what circumstances, we may use and disclose that information. We will be happy to provide you our “Notice of Privacy Practices” for you to review prior to signing this form.

You have the right to request restrictions on how we may use and disclose your protected health information, however, please be aware we are not legally bound to comply. Should Idaho Physical Therapy make such an agreement regarding your requested restrictions, we are then bound by that agreement. If at any time you desire to change that agreement, written consent is required.

Our “Notice of Privacy Practices” may be changed periodically. In that event, you may obtain a revised copy by contacting our office.

Patient Name (please print)

Patient Signature

Date