

Lattimore Physical Therapy and Sports Rehabilitation Network

Health Information Portability and Accountability Act (HIPAA) I am familiar with the HIPAA of 1996 document. I am aware that NGH Physical Therapy Associates, P.C. will abide by the HIPAA guidelines with regard to the privacy of my personal health information.

HIPAA document is available upon request.

Other than my doctor(s) and insurance company(ies), I authorize _____

Insert location name

to discuss my PHI including my medical and financial records with the following persons or entities— examples includes spouse, siblings and family members

<u>Name</u>	<u>Relationship</u>	<u>Describe any restrictions regarding the sharing of PHI</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If we may **NOT** release your information, to anyone other than your doctors, insurance company, and yourself; please initial below.

_____ **does not have my permission to release any PHI**

Insert location name

Contact Information (for the patient). Please mark yes or no if we are able to leave a message on the following phone concerning appointment and medical information.

	May we leave a message?	
	Yes No	Comments/Restrictions
Home Phone	<input type="checkbox"/> <input type="checkbox"/>	_____
Cell Phone	<input type="checkbox"/> <input type="checkbox"/>	_____
Work Phone	<input type="checkbox"/> <input type="checkbox"/>	_____
	Yes No	

Patient / Guardian Signature	Date
Print Name	Date
Witness if applicable	Date

← patient must sign

AUTHORIZATION TO USE YOUR EMAIL ADDRESS

Email address: _____ ← please provide email address

We will use your email address:

- To discuss future appointments
- PHI or financial information by your request
- Newsletters
- Educational and informational emails about the benefits of physical therapy

Email address will not be sold to other marketing firms. Email(s) sent to you will comply with HIPAA standards

I understand that I have the right to revoke this authorization in writing at any time by sending written notification to Lattimore Physical Therapy attention: Lisa Hoover PO Box 664 Mendon, NY 14506 or email Lisa at lisahoover@lattimorept.com.

If you have any questions or concerns, please call Lisa Hoover at 585-582-0007.

- I authorize / opt in
- I do not authorize / opt out
- Any restrictions: _____

Patient / Guardian Signature

Date