GOIN BEYOND
PHYSICAL THERAPY

PRIVACY AUTHORIZATION

This policy outlines the way Patient Health Information (PHI) will be used in this office and the patient's rights concerning those records. You must read and consent to this policy before receiving services. A complete copy of the Health Information Portability and Accountability Act (HIPAA) is available here: http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html

1 The patient understands and agrees to allow this office to use their PHI for the purpose of treatment, payment, health care operations and coordination of care. The patient agrees to allow this office to submit requested PHI to the payor(s) named by the patient for the purpose of payment. This office will limit the release of all PHI to the minimum necessary to receive payment.
2 The patient has the right to examine and obtain a copy of their health records at any time and request corrections. The patient may request to know what disclosures have been made, and submit in writing any further restrictions on the use of their PHI. This office is not obligated to agree to those restrictions.
3 The patient's written consent shall remain in effect for as long as the patient receives care at this office, regardless of the passage of time, unless the patient provides written notice to revoke their consent. A revocation of consent will not apply to any prior care or services.
4 This office is committed to protecting your PHI and meeting its HIPAA obligations: Staff have been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures.
5 Patients have the right to file a formal complaint with our privacy official about any suspected violations.
6 This office has the right to refuse treatment if the patient does not accept the terms of this policy.

The patient authorizes Goin Beyond Physical Therapy to release any information required by a third party payor necessary for reimbursement of charges incurred. This authorization is required by the privacy regulations recently promulgated by the United States Department of Health and Human Services. You have the right to revoke this Authorization at any time in writing. However, your revocation will not be effective to the extent that this Authorization has been relied on.

The information used or disclosed per this Authorization may be subject to re-disclosure by the recipient(s), and this, no longer protected by the privacy rules.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent, a copy of which was given to you with this Consent. You have the right to request restrictions on the use of your protected health information. However, we are not required to, and may not, honor your request. We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes and the changes may not be implemented prior to the effective date of the revised notice. You may revoke this consent at any time in writing. However, such a revocation will not be effective to the extent that any action has been taken in reliance on this Consent.

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Signature of Patient/Parent or Legal Guardian

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Date