



HIPAA

Patient's Written Acknowledgement of Notice of Privacy Practices:

I _____, acknowledge that I have been granted access to the notice of privacy practices and was given the ability to request a copy of Distinct Physical Therapy's Notice of Privacy Practices and fully understand. I further acknowledge I have had all my questions answered to my satisfaction. I understand that Distinct Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, conducting internal administrative activities, contacting patients for appointment reminders, and other healthcare operations as described in the notice. I hereby authorize Distinct Physical Therapy to disclose my protected health information to the following:

Name and Relationship to patient

Name and Relationship to patient

Patient Signature: _____ Date: _____

Emergency Contact

Emergency contact person name: _____

Phone number: _____

Relationship to you: _____

Can we contact person and disclose information about you Yes No

Consent to treat a minor

I hereby state that I am the legal guardian for the below referenced patient and I authorize the physical therapists and whomever they may designate as assistants at Distinct Physical Therapy to administer physical therapy treatment care as deemed necessary to my minor child. I understand that at any time I am responsible for communicating any questions I may have in regards to treatment to the treating therapist or supervision therapist at the facility. I further understand it is my responsibility to understand upon conclusion or the evaluation appointment I should understand the indication and contraindications for treatment and should notify the evaluating therapist if I do not understand. This consent shall remain in effect through the course of treatment unless revoked in writing.

Print Name of Minor: _____

Print Name of Parent or Legal Guardian: _____

Address: _____

Phone: _____

Signature of Parent or Legal Guardian: _____

Witness: _____ Date: _____