

Searcy Physical Therapy

**CONSENT FOR PURPOSES OF TREATMENT,
PAYMENT, AND HEALTH CARE OPERATIONS**

I consent to the use of disclosure of my Protected Health Information (PHI) by Searcy/ Des Arc Physical Therapy for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Searcy /Des Arc Physical Therapy. I understand that diagnosis or treatment of me by Searcy/Des Arc Physical Therapy may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my PHI information is used or disclosed to carry out treatment, payment or health care operations of this practice.

Searcy/ Des Arc Physical Therapy is not required to agree to the restrictions that I may request. However, if Searcy/Des Arc Physical Therapy agrees to a restriction that I request, the restriction is binding on Searcy/Des Arc Physical Therapy.

I have the right to revoke this consent, in writing, at any time, except to the extent that Searcy/Des Arc Physical Therapy has taken action in reliance on this consent.

My PHI means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearinghouse. This PHI relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand that I have a right to review Searcy/Des Arc Physical Therapy's Notice of Privacy Practices (NPP) prior to signing this document. The NPP describes the types of uses and disclosures of my PHI that will occur in my treatment, payment of my therapy services, or in the performance of health care operations of Searcy/Des Arc Physical Therapy. The NPP of Searcy/Des Arc Physical Therapy is provided at 2921 Hawkins Drive, Searcy, AR 72143/1108 Hwy 11 N. Suite B Des Arc, AR 72040. This NPP also described my rights and Searcy/Des Arc Physical Therapy's duties with respect to my protected health information.

Searcy/Des Arc Physical Therapy reserves the right to change the privacy practices that are described in the NPP. I may obtain a revised NPP by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Personal Representative's Authority