



PHYSICAL THERAPY

### **Consent of Disclosure**

(For the Usage and or Disclosure of Protected Medical Information)

This notice is to inform you that we disclose your information as is necessary and or customary in order to conduct our business, and as otherwise permitted by applicable law. Your information may be disclosed to the referring physician, your insurance agents, and representatives.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment or health care operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by coming to our office.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent.

I hereby give consent to Balanced Rehab to use and disclose my protected health information for the purposes of treatment, payment, and health care operations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_

### ***Cancellation***

I hereby void the consent given above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_

If you are signing as patient's representative:

Relationship: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Address for cancellation: Your cancellation will be effective, upon receipt, at the following address: 160 S. Beach St, Daytona Beach, FL 32114.