

Premier Physical Therapy and Sports Rehab, Inc.

1017 Ashes Dr. Suite 101

Wilmington, NC 28405

PATIENT INFORMATION CONSENT FORM

I have read and fully understand Premier Physical Therapy and Sports Rehab, Inc. Notice of Information Practices. I understand that Premier Physical Therapy and Sports Rehab, Inc. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and any administrative operations if I notify the practice. I also understand that Premier Physical Therapy and Sports Rehab, Inc. will consider requests for restrictions on a case-by-case basis but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Premier Physical Therapy and Sports Rehab, Inc. Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient (Print) _____

Signature _____

Date _____

INFORMED CONSENT

My physical therapist has explained to me my care plan and goals. I have received explanation of the risks involved and alternative methods of treatment.

I agree with my care plan and goals and understand it is my right to know about and decide on any changes to my care plan.

Patient Signature: _____

Date: _____