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I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used for the following reasons:

To conduct, plan and direct my treatment and follow-up with other healthcare providers who are directly or indirectly involved in that treatment

To obtain payment from third party payers (insurance companies)

To conduct normal healthcare operations such as quality assessments and certification and contracting requirements

I agree to notification of future therapy appointments by telephone message.

I have read and understand First Rehab & Sport's Notice of Privacy Practices, which contain a more complete description of the uses and potential disclosures of my health information. I understand that these notices are subject to change and that I may request an additional copy of these notices at any time.

I understand that I have the right to request in writing that First Rehab & Sport further restrict how my PHI is used or disclosed to carry out treatment plans, seek payment or communicate with other caregivers. I also understand that First Rehab & Sport is not required to agree to these requests, but is required to inform me of such a decision.

I understand that upon my written request, any and all records related to my care may be transferred to the medical office of my choice.

Patient Name _____

Guardian (if patient in minor) _____

Signature of Patient/Guardian _____

Date _____