

HIPAA Compliance Patient Consent Form

Gymfit Physical Therapy & Wellness' Notice of Privacy Practices provides information about how we may use or disclose protected health information. A full copy of the company's Notice of Privacy Practices is available in the office or downloaded at www.gymfitpt.com/patient-information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

You understand that this clinic has the right to change our privacy practices and that you may obtain any revised notices at the clinic.

By signing this form, I understand that:

Protected health information may be disclosed or used for treatment, payment, or healthcare operations.

- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information, but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent

May we text you on your cell phone to confirm appointments? YES NO

By selecting "Yes", you consent to receive SMS from Gymfit Physical Therapy & Wellness. Text STOP to opt-out or HELP for support. Message and data rates apply. Messaging frequency may vary.

May we leave a message on your answering machine on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

With this consent, Gymfit Physical Therapy & Wellness may call my provided phone numbers and leave a message on voice mail or with any individual(s) listed above in reference to any items that assists the office in carrying out treatment, and health care operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.

You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

Signature of Patient:

Date:

(or Parent/Guardian of patients under 18)