

Patient Consent

1. I, understand, do hereby agree and give my consent for Peak Performance Physical Therapy to furnish me with medical care and treatment that is considered necessary and proper in diagnosing and/or treating my physical condition.

2. I acknowledge that I have been given a copy of the Notice of Privacy Practices, which describes the Practice's obligation to ensure the privacy of my health information. This HIPAA Privacy Notice also describes how the Practice may use and disclose my health information for treatment, payment and health care operations. I know that I have the right to review the Practice's HIPAA Privacy Notice and to ask for clarification of it. I understand that the Practice is required to maintain the privacy of my health information in accordance with the terms of the HIPAA Privacy Notice.

3. By signing this form, I consent to the Practice's use and disclosure of my health information for treatment, payment and health care operations. I understand that I have the right to revoke this consent at anytime in writing, but if I do, my revocation will not have an effect on any actions the Practice has already taken in reliance on this consent

4. I hereby assign all medical and/or surgical benefits to include medical benefits, to which I am entitled, including Medicare, private insurance and third party payers to Peak Performance Physical Therapy.

Signature of patient or patients representative

Date

If this form is signed by the patient's representative, please complete the following:

Print the name of the Patient's Representative: _____

Describe the representative's authority to act for the patient: _____

***NOTE: YOU MAY REFUSE TO SIGN THIS COSENT.
HOWEVER IF YOU DO REFUSE, THE PRACTICE MAY REFUSE
TO PROVIDE YOU WITH NON-EMERGENCY CARE.**

44 Broadway
Lynbrook, NY 11563
516-599-8734

3961 Long Beach Rd.
Island Park, NY 11558
516-897-9700

1730 Lakeville Road
New Hyde Park, NY 11040
516-326-4580