

Pinnacle Sports Performance & Rehabilitation

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use and disclosure of my protected health information by Pinnacle Sports Performance & Rehabilitation for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Pinnacle Sports Performance & Rehabilitation.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations. The practice is not required to agree to the restrictions that I may request; however, if the practice agrees to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that Pinnacle Sports Performance & Rehabilitation has taken action in reliance on this consent.

My "Protected Health Information" (PHI) means health information, including my demographic information, collected from me and created or received by my provider, another health care provider, a health plan, my employer or health care clearinghouse. This PHI relates to my past, present or future physical or mental health or condition that identifies me, or there is a reasonable basis to believe the information may identify me. I understand that during the course of daily health care operations, my PHI may be indirectly disclosed to a third party who overhears a discussion regarding my information. I understand and agree that this is not a breach of my PHI.

I understand I have a right to review Pinnacle Sports Performance & Rehabilitation's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills or in the performance of health care operations of Pinnacle Sports Performance & Rehabilitation. The Notice of Privacy Practices also describes my rights and Pinnacle's duties with respect to my PHI. The Notice of Privacy Practices for Pinnacle Sports Performance & Rehabilitation is posted in the lobby of all clinics.

Pinnacle Sports Performance & Rehabilitation reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice by calling the office and requesting a revised copy be sent in the mail or presented at the time of my next appointment.

Signature of Patient

Date

Name of Patient (Print or Type)

Signature of Patient Representative

Relationship to Patient

(Required in the patient is a minor or an adult who is unable to sign this form)