MOMENTUM PHYSICAL THERAPY, PLLC

Consent for Release and Use of Confidential Information
& Notice of Privacy Practices Acknowledgement

I, _____, hereby give my
　　　　　(Name of Patient, Guardian, or Authorized Agent)

consent to Momentum Physical Therapy, PLLC and its affiliates to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of: _____.
　　　　　　　　　　　　　　　　(Print "SELF" or Name of Patient)

　　　　I acknowledge the review and/or receipt of the therapist's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

　　　　I understand that the practice has reserved the right to change their privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be available to me upon a written request to the Privacy Officer.

　　　　I understand that this consent is valid until it is revoke by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the Privacy Officer. I also understand that I will not be able to revoke this consent in cases where the therapist has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the therapist's office.

　　　　I understand that I have the right to request that the practice restricts how my individually identifiable health information is used and/or disclose to carry out treatment, payment or health operations. I understand that the practice does not have to agree to such restrictions, but that once such restrictions are agreed to, the practice and their agents must adhere to such restrictions.

Signed: _____　Date: _____

If you are not the patient, please specify your relationship to the patient:_____.

FOR OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason: