

CONSENT FOR PHYSICAL THERAPY

I give my consent for physical therapy treatment to be performed by Team Rehab, L.C. under the direction of my therapist licensed in the state of Iowa. I understand that no guarantees have been made as to the outcome of this treatment.

PRIVACY POLICY

Team Rehab, L.C. cares about protecting its patients' privacy. In the process of providing physical therapy services to you, we will collect, use and share certain information you provided to us. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect security and confidentiality of your information.

COLLECTION OF INFORMATION

We collect and retain the information necessary for us to provide physical therapy services to you as requested. In that process we may collect non-public information from you as a result of your completion of the Patient Information form and our completion of patient evaluations, progress notes, discharge summaries, and reimbursement transactions with your insurance provider.

SHARING INFORMATION

We may share information with your physician's office and certain companies or individuals, including providers inquiring about your physical therapy services, family or legal representatives acting on your behalf in order to comply with legal or regulatory requirements.

INTERNAL PROTECTION OF INFORMATION

We restrict access to non-public information about you to those employees who need to know that information to provide the physical therapy services that have been requested for you. We maintain physical, electronic, and procedural safeguards to comply with federal regulations to guard this information.

DISCLOSURE OF OUR PRIVACY POLICY

We are providing you with this notice for informational purposes and may amend or update this policy at any time as required. Team Rehab's "HIPAA NOTICE OF PRIVACY PRACTICES" is available in the waiting room in its entirety for your review. To read the entire HIPPA Privacy Act, go to <http://cms.hhs.gov> on your computer.

Notification of Privacy Practices Acknowledgement

I have been informed of the Consent for Treatment and Notice of Privacy Practices at Team Rehab.

(Patient Name)

(Witnessed By)

(Parent/guardian Signature)

(Date)

Date