

NAME:

HIDEF SEATTLE LLC PATIENT INFORMATION CONSENT FORM

Consent to Physical Therapy Evaluation and Treatment

I hereby consent to the evaluation and treatment of my condition by a licensed physical therapist employed by HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy. The physical therapist will explain the nature and purposes of these procedures, evaluation, and course of treatment. The physical therapist will inform me of expected benefits and complications, and any discomforts, and risk that may arise, as well as alternatives to the proposed treatment and the risk and consequences of no treatment.

Assignment of Benefits and Insurance Proceeds

I authorize payment of medical benefits to HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy for services rendered. HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy will make reasonable effort to collect insurance proceeds by completing insurance forms and sending the forms to the insurance company. Completion of such forms and/or the acceptance of assignment of insurance benefits does not relieve the undersigned of the obligation to pay the amount owed for physical therapy.

Patient Information Consent Form (HIPAA)

I have read and fully understand HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy Notice of Information Practices. I understand that HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of service provided, and any administrative operations related to treatment or payment. I understand that I have the right to request restrictions, in writing, regarding how my personal health information is used and disclosed for treatment, payment, and administrative operations. I also understand that HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy will consider requests for restrictions on a case by case basis, but is not required to oblige to such requests. I hereby consent to the use and disclosure of my personal health information for purposes as noted in HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time, at which point HIDEF Seattle, LLC DBA HIDEF Seattle Sports & Physical Therapy have 30 days to respond to my request.

Release of Information

I hereby authorize the release of information necessary to file claims with my insurance company. I permit a copy of this authorization to be used in place of the original.

Designated Individuals Authorization

I, _____, hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties will be verified by photo ID before the release of any information. If none, please print "none" below.

Authorized Designees:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I have read and understand the above consents, assignment of benefits, release of information, and designated individuals authorization above.

Patient Signature _____ Date _____

HIPAA email and SMS text message consent

VERY IMPORTANT! PLEASE READ!

- HIPAA stands for the *Health Insurance Portability and Accountability Act*
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
- Information stored on our computers is encrypted
- Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email
- SMS text messages are not encrypted
- **When we send you an email or text message, or you send us an email or text message, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet.**

In addition, once the email or text message is received by you, someone may be able to access your email account or phone and read it.

- Email and text message are very popular and convenient ways to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA
- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website - <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email

Check box for option

- OPTION 1 – ALLOW UNENCRYPTED EMAIL AND SMS TEXT MESSAGE**
I understand the risks of unencrypted email and text message and do hereby give permission to the HIDEF Seattle, LLC and it's affiliates to send me personal health information via unencrypted email and text message.

Printed Name: _____

Signature: _____

Date: _____

- OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL**
I do not wish to receive personal health information via email