



PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, SHORELINE PHYSICAL THERAPY may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to SHORELINE PHYSICAL THERAPY'S notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. SHORELINE PHYSICAL THERAPY reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to SHORELINE PHYSICAL THERAPY, Privacy Officer, at 1717 Shipyard Blvd., Suite 320, Wilmington, NC 28403.

With my consent, SHORELINE PHYSICAL THERAPY may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist in the practice of carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care.

With my consent, SHORELINE PHYSICAL THERAPY may email to me appointment reminder cards and patient statements. I have the right to request that SHORELINE PHYSICAL THERAPY restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but, if it does, it is bound by this agreement.

By signing this form, I am consenting to SHORELINE PHYSICAL THERAPY the use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, SHORELINE PHYSICAL THERAPY may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Patient's Name

Printed Name of Patient or Legal Guardian