

# **Patient Information and Treatment Authorization**

| PATIENT I    | NFORMATION #   |                      | WESTSTAR BALDWIN PARE    |
|--------------|--|----------------------|--------------------------|
| Name:        | IRAN JIMENEZ   | SSN:                 | XXX-XX9999               |
| Address:     | 3138 1/2 MADERA AVE  | Sex:                 | F                        |
| City, Zip:   | EL MONTECA91732  | DOB:                 | 03/31/2006               |
| Home Ph:     | (626)618-3862  | Age:                 | 17                       |
| Work Ph:     |  | Email:               |                          |
| Cell Ph:     |  |                      |                          |
| PATIENT I    | INFORMATION #  |                      |                          |
| Date:        | 04/25/2023   | Post Sx:             |                          |
| Type:        | PI   | Sx Date:             |                          |
| REFERRIN     | NG DOCTOR INFORMATION  |                      |                          |
| Name:        | PARSA, RONNA   | Body Pts:            |                          |
| Address:     | 11525 BROOKSHIRE AVE STE 405   |                      |                          |
| City, Zip:   | DOWNEYCA90241  |                      |                          |
| Phone:       | (424)220-4426  | Dx:                  |                          |
| ATTORNE      | Y INFORMATION  |                      |                          |
| Name:        |  | Address:             |                          |
| City, Zip:   |  | Phone:               |                          |
| EMPLOYM      | MENT INFORMATION:  |                      |                          |
| Name:        |  | Address:             |                          |
| City, Zip:   |  | Phone:               |                          |
| PRIMARY      | INSURANCE INFORMATION  | SECONDAR             | RY INSURANCE INFORMATION |
| Name :       |  | Name:                |                          |
| Address:     |  | Address:             |                          |
| Adj/Ph#:     |  | Adj/Ph#:             |                          |
| Type:        |  | Type:                |                          |
| Ins Name :   |  | Ins Name :           |                          |
| Pol#/Clm#:   |  | Pol#/Clm#:           |                          |
| RELEASE (    | OF INFORMATION and ASSIGNME  | TOF BENEFITS         |                          |
| I hereby aut | thorize WestStar Physical Therapy to r<br>this illness upon request. I hereby authorize the services rendered. | elease information r |                          |
|              |  | 08/07/23             |                          |
| IRAN JIMI    | ENEZ   | Date Sig             | ened                     |



# **JOB INFORMATION #**

| JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit:  Hours  Squatting: Hours  Stand: Hours  Kneeling: Hours  Hours  Hours   | PATIENT      | #                      |                         |            |               |                     |                     |
|---|--------------|------------------------|-------------------------|------------|---------------|---------------------|---------------------|
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:   | Name:        | IRAN JIMENEZ           |                         | SSN:       | xx            | X-XX9999            |                     |
| During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Kneeling: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Squatting: Hours  Kneeling: Hours  Reaching Up: Hours  Reaching Out: Hours  Twisting: Hours  Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Repetitive Hand Movement: Power Gripping: Hourd Nover Gripping: Hours  At work Gripping: Hours Nover Repetitive Hand Movement: Power Gripping: Hours Nover H           | JOB INFO     | RMATION#               |                         |            |               |                     |                     |
| During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Kneeling: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Squatting: Hours  Kneeling: Hours  Reaching Up: Hours  Reaching Out: Hours  Twisting: Hours  Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Repetitive Hand Movement: Power Gripping: Hourd Nover Gripping: Hours  At work Gripping: Hours Nover Repetitive Hand Movement: Power Gripping: Hours Nover H           |              |                        |                         |            |               |                     |                     |
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Stand: Hours Kneeling: Hours  At work, on average, how many hours do you work  Pert Reaching Up: Hours  At work, on average, how many hours do you work  Reaching Up: Hours  Reaching Up: Hours  Reaching Up: Hours  Reaching Ut: Twisting: Hours  Stair Climbing: Hours  Using the Telephone: Hours  Ladder Climbing: Hours  Pushing: Hours  Lifting Overhead: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement:  Repetit                 | Job Title:   |                        |                         |            |               |                     |                     |
| During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Make: Hours Reaching Up: Hours  At work, on average, how many hours do you work  per Hours Crawling: Hours  Week: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Week: Hours Using the Telephone: Hours  Lifting Overhead: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Use of computer mouse/touc           | Job Descript | ion:                   |                         |            |               |                     |                     |
| Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Reaching Up: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  Week: Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Procession Handling: Hours Never  Repetitive Foot Movement: Procession Handling: Hours Never  Procession Handling: Hours Sometimes Never  Repetitive Foot Movement: Procession Handling: Hours Never  Repetitive Foot Movement: Hours Never Hours Never  Repetitive Foot Movement: Hours Never Never Hours Never Never Hours Never           | ADDITION     | NAL JOB DETAIL         | S                       |            |               |                     |                     |
| Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Reaching Up: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  Ludder Climbing: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: Hours  11 lbs to 25 lbs: 15 lbs: 76 lbs to 100 lbs: At work, my job includes  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Proewer Gripping: Procession Handling: Balancing: Hours  At work often Sometimes Never  Repetitive Foot Movement: Proewer Gripping: Procession Handling: Balancing: Use of computer mouse/touch pad: Hours  Hours  Stair Climbing: Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Posmetimes Never  Never  Repetitive Foot Movement: Proewer Gripping: Procession Handling: Balancing: Use of computer mouse/touch pad: Hours          |              |                        |                         |            |               |                     |                     |
| Stand: Hours Stooping/bending: Hours Walk: Hours Hours Kneeling: Hours Reaching Up: Hours Reaching Up: Hours Reaching Up: Hours Reaching Out: Hours Forwards, on average, how many hours do you work per  Day/Shift: Hours Stair Climbing: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours Pushing: Hours Stair Climbing: Hours Stair Climbing | During a typ | oical 8-hour day, How  | many hours do you'      | •          | _             | how much time do yo |                     |
| Malk: Hours Kneeling: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours  Week: Hours  Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pulling: Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 126 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  | Sit:         |                        | Hours                   |            |               |                     |                     |
| Drive: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Week: Hours  Using a Computer: Hours Using the Telephone: Hours Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Constantly Often Sometimes Never  | Stand:       |                        | Hours                   | Stooping   | g/bending:    |                     | Hours               |
| At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Hours Hours Hours Hours Hours Hours Ladder Climbing: Using a Computer: Hours Hours Hours Hours Hours Ladder Climbing: Hours Hours Hours Hours Hours Hours Hours Pushing: Hours Pulling: Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never  It lbs to 25 lbs : 26 lbs to 50 lbs : 51 lbs to 75 lbs : 76 lbs to 100 lbs: Over 100 lbs : Over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement : Repetitive Hand Movement : Repetitive Foot Movement : Precision Handling : Balancing : Use of computer mouse/touch pad :  | Walk:        |                        | Hours                   | Kneeling   | g:            |                     | Hours               |
| At work, on average, how many hours do you work per  Day/Shift: Hours  Hours  Crawling: Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: over 100 lbs:  Sometimes  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad:   | Drive:       |                        | Hours                   | Reaching   | g Up:         |                     | Hours               |
| per  Day/Shift: Hours  Week: Hours  Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:   | At work      | on average how mai     | J<br>ny hours do vou we | Reaching   | Reaching Out: |                     | Hours               |
| Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  Pulling: Hours  Lifting Overhead: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 12   |              | ii a vorago, no vv mai | 119 110 01 5 00 9 0 0 W | Twisting   | ;:            |                     | Hours               |
| Week:  Hours  Ladder Climbing:  Using a Computer:  Hours  Hours  Using the Telephone:  Pushing:  Hours  Hours  Hours  Hours  Hours  Hours  Pushing:  Hours  Pulling:  Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly  Often  Sometimes  Never  10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  |              |                        | Hours                   | Crawling   | · ·           |                     | Hours               |
| Ladder Climbing: Using a Computer: Hours Using the Telephone: Hours Pushing: Pulling: Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs: Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:  |              |                        | $\leq$                  | Stair Cli  | mbing:        |                     | Hours               |
| Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly  Often  Sometimes  Never  10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Begetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  | WCCK.        |                        | Jilouis                 | Ladder (   | Climbing:     |                     | Hours               |
| Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly  Often  Sometimes  Never  10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Begetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  |              |                        |                         | Using a    | Computer:     |                     | Hours               |
| Pushing: Pulling: Hours  Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:  |              |                        |                         |            |               |                     | Hours               |
| Pulling: Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:   |              |                        |                         |            |               |                     | $ \longrightarrow $ |
| Lifting Overhead:  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less:  11 lbs to 25 lbs :  26 lbs to 50 lbs :  51 lbs to 75 lbs :  76 lbs to 100 lbs :  Over 100 lbs :  At work, my job includes  Constantly Often Sometimes Never  Repetitive Hand Movement :  Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :   |              |                        |                         | _          |               |                     | $\longrightarrow$   |
| At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: Over 100 lbs:  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:   |              |                        |                         |            |               |                     | $\rightarrow$       |
| 10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:   |              |                        |                         |            |               |                     |                     |
| 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:   |              | -                      | I lift                  | Constantly | Often         | Sometimes           | Never               |
| 26 lbs to 50 lbs : 51 lbs to 75 lbs : 76 lbs to 100 lbs : over 100 lbs :  At work, my job includes  Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad :   |              |                        |                         |            |               |                     |                     |
| 51 lbs to 75 lbs : 76 lbs to 100 lbs : over 100 lbs :  At work, my job includes  Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad :  |              |                        |                         |            |               |                     |                     |
| 76 lbs to 100 lbs : over 100 lbs :  At work, my job includes  Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad :   |              |                        | _                       |            |               |                     | _                   |
| At work, my job includes  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:   |              |                        | _                       |            |               |                     | _                   |
| At work, my job includes  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:   |              |                        | }                       |            | <b>———</b>    |                     |                     |
| Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  | 0,01,100,100 | •                      |                         |            |               |                     |                     |
| Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :  | At work, n   | ny job includes        |                         | Constantly | Often         | Sometimes           | Never               |
| Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:   |              |                        |                         |            |               |                     |                     |
| Precision Handling :  Balancing :  Use of computer mouse/touch pad :  |              |                        |                         |            |               |                     |                     |
| Balancing: Use of computer mouse/touch pad:   |              |                        |                         |            |               |                     |                     |
| Use of computer mouse/touch pad:  |              | ndling:                |                         |            |               |                     |                     |
|   |              | /, 1                   |                         |            |               |                     | _                   |
| Timen work for emicrenicy:  |              |                        | _                       |            |               |                     | _                   |
| Simultaneous computer & telephone :   |              |                        |                         |            |               |                     | _{ }                |



# **INJURY INFORMATION**

| PATIENT #       |                         |                            |                  |            |     |    |
|-----------------|-------------------------|----------------------------|------------------|------------|-----|----|
| Name:           | IRAN JIMENEZ            |                            | SSN:             | XXX-XX9999 |     |    |
| INJURY IN       | FORMATION #             |                            |                  |            |     |    |
| Briefly describ | oe your injury :        |                            |                  |            |     |    |
|                 |                         |                            |                  |            | Yes | No |
| Did you go t    | to the Emergency Ro     | oom at a Hospital?         |                  |            |     |    |
| If not an Em    | nergency Room, Ad       | you go to some other typ   | pe of medical fa | cility?    |     |    |
| Were x-rays     | taken?                  |                            |                  |            |     |    |
| If an auto ac   | cident, was the vehi    | cle drivable after the acc | cident?          |            |     |    |
| Do you have     | e any previous injury   | to the sense area?         |                  |            |     |    |
| Are you still   | being treated for th    | is injury?                 |                  |            |     |    |
| If you are sti  | ill being treated for t | his injury, by whom?       |                  |            |     |    |
| Name:           |                         |                            |                  |            |     |    |
| Address:        |                         |                            |                  |            |     |    |
| City, Zip:      |                         |                            |                  |            |     |    |
| Phone           |                         |                            |                  |            |     |    |



## **PAIN INFORMATION**

Document Date: 08/07/23

### PATIENT #

Name: SSN: XXX-XX9999

### PAIN INFORMATION #

Draw the location of your pain on the body outlines using the following markers.

A = Achesches

B = Burning

N = Nurnbness

P = Pins & Needles

S = Stabbing

0 = Other







Document Date: 08/07/23

| Name: | IRAN JIMENEZ | SSN: | XXX-XX9999 |  |
|-------|--------------|------|------------|--|
|       | FORMATION    |      |            |  |

I, AM OF LEGAL AGE AND HEREBY CERTIFY THAT I WENT TO WEST STAR PHYSICAL THERAPY OF MY OWN DISCRETION AND DECISION TO RECEIVE PHYSICAL THERAPY TREATMENTS. I UNDERSTAND THAT I MAY OR MAY NOT HAVE A DOCTORS REFERRAL AND THAT GETTING PHYSICAL THERAPY IS MY TREATMENT OF CHOICE. I ALSO UNDERSTAND THAT I WILL BE EVALUATED BY A LICENSED AND CERTIFIED PHYSICAL THEREAPIST AND THAT THE THERAPISTS EVALUATION AND RECOMMENDATION WILL BE EXPLAINED TO ME BEFORE TREATMENT. I UNDERSTAND THAT THE PHYSICAL THERAPIST WILL COMMUNICATE WITH MY MEDICAL DOCTOR TO GET AUTHORIZATION FOR MY PHYSICAL THERAPY TREATMENTS. I ALSO UNDERSTAND THAT I CANNOT RECEIVE PHYSICAL THERAPY TREATMENTS FROM WEST STAR PHYSICAL THERAPY WITHOUT SIGNED AUTHORIZATION FROM MY MEDICAL DOCTOR. FURTHERMORE, I UNDERSTAND THAT PHYSICAL THERAPY, WHILE DESIGNED TO, IS NOT GUARANTEED TO IMPROVE MY CURRENT CONDITION.

#### **IF MINOR:**

| NAME OF PARENT OF GUARDIAN: |  |
|-----------------------------|--|
| RELATIONSHIP:               |  |
| PATIENT SIGNATURE:          |  |
| Date                        |  |
| WITNESSED BY:               |  |
| NAME OF STAFF MEMBER:       |  |
| SIGNATURE:                  |  |
| Date                        |  |



# **Notice of Privacy Practices**

Document Date: 08/07/23

| PA | Т | TE | N | Т | # |
|----|---|----|---|---|---|
|    |   |    |   |   |   |

| Name: | IRAN JIMENEZ | SSN: | XXX-XX9999 |
|-------|--------------|------|------------|

#### **PRIVACY INFORMATION** Page (1 of 3)

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

#### Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, services provided and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities of and management of West Star Physical Therapy. For Example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement: your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public Health Reporting: Your health care information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states public health department.

Other Uses and Disclosures That Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific, written authorization. However, your decision to revoke authorization will not affect of undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



PATIENT #

### **Notice of Privacy Practices**

Document Date: 08/07/23

|             | <u> </u>                        |                               |  |    |
|-------------|---------------------------------|-------------------------------|--|----|
| Name:       | IRAN JIMENEZ                    | SSN:                          | XXX-XX9999   |    |
| PRIVACY     | INFORMATION Page (2 of 3)       |                               |  |    |
| Appointme   | ent Reminders: Your health info | rmation will be used by our   | staff to send you appointment reminders.   |    |
| interesting |                                 | ent of your medical condition | to send you information that you may find on. From our database, we may also send you of interest to you** | )U |
|             | Please do not use my h          | nealth information for the al | pove-mentioned services.   |    |

Individual Rights: You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health care information;

The right to receive confidential communications concerning your medical condition and treatment;

The right to inspect and copy your protected health information;

The right to amend or submit corrections to your protected health care information;

The right to receive an accounting of how and to whom your protected health information has been disclosed;

The right to receive a printed copy of this notice

West Star Physical Therapy Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend to modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visits. The revise policies and practices will be applied to all protected health information we maintain.



## **Notice of Privacy Practices**

Document Date: 08/07/23

| P | T | IR. | NI | Γ# |
|---|---|-----|----|----|
|   |   |     |    |    |

| Name: | IRAN JIMENEZ | SSN: | XXX-XX9999 |
|-------|--------------|------|------------|

### **PRIVACY INFORMATION**Page (3 of 3)

Requests to Inspect Protected Health Information: You may generally inspect or copy the protected health information we maintain. As permitted by Federal Regulations we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our corporate office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The address of the person you may contact for further information consenting privacy practices is:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

Effective Date: This notice is effective as of May 18, 2012



# **Notice of Privacy Practices**

| PATIENT    | #  |            |  |
|------------|--|------------|--|
| Name:      | IRAN JIMENEZ   | SSN:       | XXX-XX9999                                     |
| PRIVACY    | ACKNOWLEDGMENT INFORMATION   |            |  |
| acknowled  | Acknowledgement of Receipeived, read and fully understand the Notice of and understand that West Stat Physical the outlined in the notice. | Privacy Pr | actices for West Star Physical therapy and     |
|            | Patient : SIGNATURE:_ Date_  |            |  |
| Patient Re | Relationship to Patient:_  |            | t is an adult who is unable to sign this form. |