



PATIENT HIPAA AWARENESS AGREEMENT

With my permission, Paradigm Physical Therapy, P.C. (hereafter referred to as Paradigm) may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). I understand that as part of the provision of healthcare services, Paradigm creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

A copy of the Notice of Privacy Practices was made available to me prior to signing this consent. I understand that I have the right to review the notice prior to signing this consent. I understand that Paradigm reserves the right to change their Notice. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out TPO.

By signing this form, I consent to the use and disclosure of PHI about me for the purpose of TPO. I have the right to revoke this consent, in writing, except where disclosures have already been made in reliance on my prior consent. I also understand that Paradigm and I must agree to any restriction in writing that I request on the use and disclosure of my PHI; and agree to terminate any restrictions in writing on the use and disclosure of my PHI which have been previously agreed upon.

With my permission, Paradigm may call my home or other designated locations and leave a message on voicemail, or in person, in reference to any items that may assist Paradigm in carrying out TPO, such as appointment reminders, insurance matters and any information pertaining to billing/collections or my clinical care, including laboratory results among others. With my permission, Paradigm, may mail to my home, or other designated location, any items that assist Paradigm in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential. I have the right to request that Paradigm restrict how it uses or discloses my PHI to carry out TPO. However, Paradigm, is not required to agree to my requested restrictions, though if it does so, is bound by this agreement.

By signing this form, I am allowing Paradigm Physical Therapy, P.C. to use and disclose my PHI for TPO.

I may make the following special request for confidential communications:

Print Patient or Legal Guardian

____/____/____
Date

Signature Patient's name

Print Legal Guardian's name

____/____/____
Date