



## Advanced Therapy Specialists

Physical Therapy | Occupational Therapy

### **PATIENT CONSENT FORM (HIPAA)**

I have read and fully understand Advanced Therapy Specialists (A.T.S.) Notice of Patient Information Practices. I understand that Advanced Therapy Specialists may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluation of the quality of services provided and any administrative operations related to treatment or payment.

I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify Advanced Therapy Specialists in writing.

I also understand that Advanced Therapy Specialists will consider requests for restriction on a case-by-case basis. A.T.S. does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Advanced Therapy Specialist's Notice of Patient Information Practices.

I understand that I retain the right to revoke this consent by notifying Advanced Therapy Specialists in writing at any time.

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Patient Name

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Signature of Patient or Legal Guardian

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Date