

South County Physical Therapy



With my consent, South County Physical Therapy may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to South County Physical Therapy's Notice of Practices for a more complete description of such.

EACH BOX MUST BE CHECKED

Yes I have received a copy of the Notice of Privacy Practices prior to signing this consent. South County 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 South County Physical Therapy Privacy Officer at 319A Southbridge Street, Auburn, MA 01501.

Yes With my consent, South County Physical Therapy **may call my home or other designated location** and speak with me in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care.

Yes With my consent, South County Physical Therapy **may mail to my home or other designated location** any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminder cards and patient statements.

Yes No With my consent, South County Physical Therapy **may call my home or other designated location and leave a message on voicemail or with a person for you to call this office** in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care.

Yes No With my consent, South County Physical Therapy **may e-mail to my home or other designated location** any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminder cards and patient statements.

Yes No With my consent, South County Physical Therapy may mail information to me explaining new programs that may be beneficial or of interest to me. (i.e. Golf Program, Dance Medicine, Foot Assessments etc)

I have the right to request that South County Physical Therapy restricts how it uses or discloses my Private Health Information to carry out treatment, payment and healthcare operations as specified above.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Signature of Patient or Legal Guardian _____ Date _____

www.southcountyppt.com

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Drury Square Professional Building | 319A Southbridge Street | Auburn, MA 01501 | Phone: 508-832-2628 | Fax: 508-832-4099