Personal Physical Therapy Services
Personal Issues... Personal Care

Consent to Use and Disclosure of Health Information/ HIPPA

By signing this form, you are granting consent to Personal Physical Therapy Services, LLC to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting this office at 540-450-0680. You have a right to restrict how we use and disclose your protected health information for the purpose of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we have already used or disclosed your protected health information in reliance on your request.

I have received a copy of the "Notice of Health Information Privacy Practices."

_____ _____
Signature Date

Medical Records Release

I,_____ hereby allow the following Hospitals, Diagnostic facilities, and Doctor's offices,
Patient's Name

_____

release to:

Jennifer A. Thibodeau, M.P.T.
Personal Physical Therapy Services
480 W. Jubal Early Drive, Suite 310
Winchester, VA 22601
Phone: 540-450-0680 Fax: 540-450-0681

a report of my diagnosis, treatment, prognosis, recommendations, and test results, as well as data pertinent to your treatment of me from _____ to _____.

_____ _____ _____
Patient's Date of Birth Signature of Patient, Parent or Representative Date