

# PROFESSIONAL THERAPY SERVICES, INC.



1015 Oakhurst Drive  
Charleston, WV 25314



Telephone: (304) 345-8101 / Fax: (304) 345-7386

*Playing To Succeed!*

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## PATIENT CONSENT FORM

As part of your health care, it is necessary to create, maintain and (in certain situations) share medical information concerning your health history and current health care services to carry out treatment, payment and health care operations. Our **Notice of Privacy Practices** describes how we may use and disclose your protected health information. You have the right to review our notice before signing this consent.

The terms of our notice may change. We will post a copy of the current notice in our facility. At any time you may request a copy of our current notice in effect.

You have the right to request that we restrict how protected health information about you is used or disclosed for health care treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by those restrictions to which we agree.

By signing this form, you consent to our use and disclosure of protected health information about you for health care treatment, payment and health care operations and you acknowledge that you have received a paper copy of our **Notice of Privacy Practices**. You have the right to revoke this consent, in writing, except where we have already used or disclosed your information in reliance on your prior consent.

\_\_\_\_\_  
Patient/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth