



# MONARCH PHYSICAL THERAPY, INC.

## Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **Monarch Physical Therapy, Inc.** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by **Monarch Physical Therapy, Inc.** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. **Monarch Physical Therapy, Inc.** 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 **Kristen McKernan, 6234 Olde Stage Road, Boulder, CO 80302 (privacy officer).**

With this consent, **Monarch Physical Therapy, Inc.** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Monarch Physical Therapy, Inc.** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, **Monarch Physical Therapy, Inc.** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Monarch Physical Therapy, Inc.** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Monarch Physical Therapy, Inc.** to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Monarch Physical Therapy, Inc.** may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient / Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Patient / Legal Guardian Name

\_\_\_\_\_  
Print Witness's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date