



Patient Notice of Privacy Practices

This Consent Form has been developed in response to regulations set forth under HIPAA (Health Insurance Portability and Accountability Act). This regulation includes Privacy Standards intended to protect your protected health information from being distributed without your consent. "Protected Health Information" means health information, including demographic information and medical information related to your past, present or future physical or mental health condition. This information includes information that is collected from you, created or received by a physician or another health care provider and information received from a health plan, an employer or a health care clearinghouse.

Under these regulations, which took effect on April 14, 2003, we are asking for your consent to release information for purposes of treatment, payment and our healthcare operations. Please read the following and feel free to ask any questions that you may have.

Consent for Purposes of Treatment, Payment and Healthcare Operations:

I consent to the use or disclosure of my protected health information **Montana Mobile Rehab** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care **operations of this Home Based Outpatient clinic**. I understand that treatment of me by the Physical Therapists may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice **Montana Mobile Rehab** is not required to agree to the restrictions that I may request. However, if **Montana Mobile Rehab** agrees to a restriction that I request, the restriction is binding on the Clinic.

I have the right to revoke this consent, in writing, at any time, except to the extent that **Montana Mobile Rehab** has taken in reliance on this consent.

My signature below indicates that a copy of MMR's "Notice of Health Information Practices" is available to me upon request on their website www.MontanaMobileRehab.com. The document describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the Clinic. This Notice of Health Information Practices also describes my rights and the Clinic's duties with respect to my protected health information.

The Clinic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

SIGNATURE

DATE