



JEFF LAHTI PHYSICAL THERAPY

Patient Information Consent Form

CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to an evaluation and treatment by Jeff Lahti, a licensed physical therapist employed by, Sports and Beyond, LLC. Jeff will explain the nature and purposes of these procedures, evaluation, and course of treatment. He will inform me of expected benefits and complications, and any discomforts, and risk that may arise, as well as alternatives to the proposed treatment and the risk and consequences of no treatment.

PATIENT INFORMATION CONSENT FORM (HIPAA)

I have read and fully understand Sports and Beyond, LLC's Notice of Privacy Practices. I understand that Sports and Beyond, LLC. may use or disclose my personal health information for carrying out treatment, evaluating the quality of service provided, and any administrative operations related to treatment or payment. I understand that i have the right to request restrictions, in writing, regarding how my personal health information is used and disclosed for treatment, payment, and administrative operations. I also understand that Sports and Beyond, LLC will consider requests for restrictions on a case by case basis but is not required to oblige to such requests.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Sports and Beyond, LLC's Notice of Privacy Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time, at which point Sports and Beyond, LLC has 30 days to respond to my request.

DESIGNATED INDIVIDUALS AUTHORIZATION

I, _____, hereby authorize one or all the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties will be verified by photo ID before the release of any information. If none, please print "none" below.

Authorized Designees:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

I have read and understand the above consents, release of information, and designated individuals authorization above.

Patient or Parent/Guardian Signature _____ Date _____