

## **REHAB RESOURCES, INC. CONSENT FOR PURPOSES OF TREATMENT, PAYMENT & HEALTHCARE OPERATIONS**

I consent to the use or disclosure of my protected health information by Rehab Resources, Inc. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of Rehab Resources, Inc. I understand that the treatment of me by therapists of Rehab Resources, Inc. 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. Rehab Resources, Inc. is not required to agree to the restrictions that I may request. However, if Rehab Resources, Inc. agrees to a restriction that I request, the restriction is binding on Rehab Resources, Inc.

I have the right to revoke this consent, in writing, at any time, except to the extent that Rehab Resources, Inc. has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Rehab Resources, Inc.'s Notice of Privacy Practices prior to signing this document. The Rehab Resources, Inc.'s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practice 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 Rehab Resources, Inc. The Notice of Privacy Practices for Rehab Resources, Inc. is also provided in the clinic lobby and on the Rehab Resources, Inc. website at [www.rehabresourcesinc.com](http://www.rehabresourcesinc.com). This Notice of Privacy Practices also describes my rights and Rehab Resources, Inc.'s duties with respect to my protected health information.

Rehab Resources, Inc. 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 accessing Rehab Resources, Inc.'s website, calling the office and requesting a revised copy to be sent by mail, or asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative.

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Date

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Description of Personal Representative's Authority