

DISCLOSURE OF HEALTH INFORMATION

PRIVACY AND RELEASE OF INFORMATION: (HIPAA)

I authorize the release of any information to any medical or insurance agency for the maintenance of my, or named patient's health information for the processing of any insurance claim. Cornerstone Physical Therapy P.C. is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. If at any time, we amend our privacy policies, you will be informed of those changes. We will only request personal information needed to provide our quality of care.

I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication to other health professionals that contribute to my care
- A source of information for applying my diagnosis and procedure information to my bill
- As means by which a third-party payer can verify that services billed were actually done
- A tool for teaching, assessing quality and reviewing the competence of health care professionals

I acknowledge that I have received Cornerstone Physical Therapy P.C. Notice of Privacy Practices.

Signature

I give you permission to share my personal health information with my spouse or guardian, including disclosure of information to confirm treatment and appointments.

Initial if applicable