

Ark Valley Therapy Inc

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used in the below circumstances.

I understand and give authorization to Ark Valley Therapy Inc to make telephone calls to my home about my health related information and appointment reminders. A message may be left on my answering machine/voice mail.

I understand that a letter may be sent to my primary physician and other healthcare providers (i.e. chiropractor, dentist, massage therapist, OBGYN, surgeon, acupuncturist, other medical specialist) that I see for medical care informing him/her that I am currently having therapy. If he/she requests updates on my progress, I am giving authorization to Ark Valley Therapy Inc to send him/her copies of my progress reports that are also being sent to the referring physician. Please list below any EXCEPTIONS for providers that you do not authorize us to contact:

I hereby give my permission for authorized personnel of Ark Valley Therapy Inc to perform all necessary procedures and treatments outlined in the plan of treatment.

I hereby authorize a representative of Ark Valley Therapy Inc to be permitted to obtain and review copies of all hospital, medical, vocational, and other related records and to discuss pertinent information with professionals involved in my case.

EXCEPTIONS: (Please list) _____

In specific instances I also authorize Ark Valley Therapy Inc to share information regarding my rehabilitation to/from my employer. I understand that the information shared will be used to assist in tailoring my rehabilitation program to my specific job tasks. If applicable, name of employer/contact information: _____

This consent is to remain in effect until otherwise revoked by me in writing. I agree that a photocopy of this authorization be accepted if necessary.

I, _____, have read and understand the above as well as the privacy notice provided to me by Ark Valley Therapy Inc.

Signature: _____ Date: _____