



Summary of our Notice of Privacy Practices

Consent to use and disclose health information.

I authorize Move Better Physical Therapy to use and disclose my personal health information for the purpose of treatment, payment, health care operations, to run their organization, and to contact me when necessary.

Treatment includes activities performed by your physical therapist, coordinating or managing your care with third parties, and consultation between other providers.

Payment includes determining eligibility for coverage, billing and receiving payment for services, review of health care services for medical necessity, justification of charges, pre-certification and pre-authorizations.

Health Care Operations includes any necessary administrative and business functions for this office.

You have the following rights regarding health information about you.

- The right to inspect and copy.
- The right to amend.
- The right to request restrictions.
- The right to request confidential communication.

Move Better understands that health information about you and your health care is personal. We are committed to protecting health information about you. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physical therapist or others working in this office.

Full details of the privacy act are in the complete Notice of Privacy Practices, available upon request.

By signing this form I consent to the use and disclosure of my personal identifiable health information by Move Better for treatment, payment, and health care operation.

Name: _____
Please print

Signature: _____
Patient/Parent or Guardian

Date: _____