

Dear New Workers Compensation Patient:

We know your time is valuable and we strive hard to begin and end our treatment sessions timely. As a new patient we have several forms for you to fill out. If you would like to fill these forms out before you come in for your evaluation and treatment, please print one of each of the following:

PATIENT INFORMATION

FINANCIAL POLICY -We break these out into four categories...Medicare, Workers' Compensation, Motor Vehicle Accident and PPO/HMO/Self Pay.

PATIENT RECORD OF DISCLOSURES

PATIENT INFORMATION ACKNOWLEDGEMENT FORM

PATIENT RIGHTS AND ACKNOWLEDGEMENT FORM

If you prefer to fill out our new patient forms in our office, please come to our office 15 minutes before your scheduled appointment time. Please wear comfortable clothing and bring shorts to change into if we are treating your lower extremity. Please also bring with you your prescription for therapy services and your insurance card (if you would like us to bill your insurance company).

We look forward to being your provider of choice and exceeding your expectations!!!

THANK YOU,

The Staff of Physical Therapy Institute, Inc.

WORKER'S COMPENSATION FORM

Patient: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Security Number: _____

Referring Doctor: _____

Next Doctor Appointment: _____

Email Address: _____

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Date of Accident/Injury: _____

Employer: _____

Address: _____

Phone Number: _____

Claim Number of Case: _____

Insurance Carrier: _____

Address: _____

Telephone: _____

Adjuster's Name: _____

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I hereby consent to physical therapy treatment provided to me by Physical Therapy Institute, Inc. as prescribed by my physician.

I authorize the release of any medical information necessary to process this claim.

Patient signature: _____ Date: _____

Physical Therapy Institute, Inc.
PATIENT INFORMATION ACKNOWLEDGMENT FORM

I have read and fully understand Physical Therapy Institute, Inc.'s Notice of Information Practices. I understand that Physical Therapy Institute, Inc. May use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Physical Therapy Institute, Inc. will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby acknowledge the use and disclosure of m personal health information for purposes as noted in Physical Therapy Institute, Inc.'s Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Signature

Date

I authorize Physical Therapy Institute, Inc. or its assigns to contact me by using the email address listed below. I have received a copy of Physical Therapy Institute, Inc.'s "E-mail Confidentiality Notice" dated 11/1/06. If I wish to discontinue getting emails from Physical Therapy Institute, Inc., I will revoke this authorization in writing.

I understand this authorization does not affect my consent to use my protected health information for treatment, billing, or operations related to treatment and billing.

Patient Name

Signature

Date

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

PHYSICAL THERAPY INSTITUTE'S LEGAL DUTY

Physical Therapy Institute, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Physical Therapy Institute, Inc. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, *Physical Therapy Institute Inc.*, may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Physical Therapy Institute, Inc., may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, *Physical Therapy Institute Inc.'s* policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Physical Therapy Institute, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Physical Therapy Institute, Inc. will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that *Physical Therapy Institute, Inc.* may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on *Physical Therapy Institute Inc.'s* health information practices or if you have a complaint, please contact the following person:

Physical Therapy Institute, Inc.

Linda J. Zane, MPA, PT, Owner

4800 Linton Blvd., Suite F116

Telephone: (561)496-1446 Fax Number: (561)498-7848