



## HIPAA ACKNOWLEDGEMENT FORM

I acknowledge that I have read and understood Genuine Rehab & Wellness' "HIPAA Privacy Policy Notice", which describes Genuine Rehab & Wellness' obligation to ensure the privacy of my health information. The HIPAA Privacy Notice describes how the practice may use and disclose my health information for treatment, payment and health care operations. I know that I have the right to review Genuine Rehab & Wellness' HIPAA Policy and to ask questions about it. I understand that the practice is required to maintain the privacy of my health information in accordance with the terms of the notice.

I further acknowledge that the practice can change its HIPAA Privacy Notice in the future and that I can receive a copy of Genuine Rehab & Wellness' current Privacy Notice at any time.

I understand that I have the right to request that the practice restrict its uses and disclosures of my health information for treatment and payment of healthcare operations. If my restrictions are accepted by the practice, these restrictions will be bound on behalf of Genuine Rehab & Wellness. I understand that Genuine Rehab & Wellness is not required to agree to my requested restrictions.

I do not request any restrictions of Genuine Rehab & Wellness' uses and disclosures of my health information for treatment payment or healthcare operations. \_\_\_\_\_ (Initial)

By signing this form, I consent to Genuine Rehab & Wellness' use and disclosure of my health information for treatment, payment and health care operations. I understand that I have the right to revoke this consent at anytime in writing but if I do, my revocation will not influence any actions Genuine Rehab & Wellness has already taken in reliance of this consent.

Signature of Patient/Authorized persons: \_\_\_\_\_

Printed name of patient/authorized persons: \_\_\_\_\_

Date: \_\_\_\_\_

Genuine Representative: \_\_\_\_\_ Date: \_\_\_\_\_



### **Genuine Rehab & Wellness Informed Patient Consent**

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

*The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis, and intervention by the use of rehabilitative procedures, mobilization, massage, exercises and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.*

Genuine Rehab & Wellness, LLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, although unlikely, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy and fully agree to cooperate, participate in all physical therapy procedures, and comply with the established plan of care.

Patient Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_