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PATIENT CONSENT

1. I, understand, do hereby agree and give my consent for New York Physical Therapy to furnish me with medical care and treatment that is considered necessary and proper in evaluating and treating my physical condition.
2. I acknowledge that I have been give a copy of the Notice of Privacy Practices, which describes the Practice's obligation to ensure the privacy of my health information. I hereby give my consent for New York Physical Therapy to use and disclose protected health information about me to carry out treatment, payment, and health care operations.
3. I have the right to review the Notice of Privacy Practices prior to signing consent. New York Physical Therapy reserves the right to revise its Notice of Privacy Practices at any time.
4. With this consent, New York Physical Therapy may call my home or other alternative location and leave a message on voice mail, email, or text in reference to any items that assist the practice in carrying out treatment, payment, and health care operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.
5. By signing this form, I am consenting to allow New York Physical Therapy to use and disclose my protective health information to carry out treatment, payment, and health care operations.
6. I understand that I have the right to revoke this consent at anytime in writing, but if I do, my revocation will not have an effect on any actions New York Physical Therapy has already taken in reliance on this consent. If I do not sign this consent, New York Physical Therapy may decline to provide treatment to me.
7. I hereby assign all medical benefits to which I am entitled, including Medicare, private insurance and third party payers to New York Physical Therapy.

Signature of Patient or Legal Guardian

Date

Print Name of Patient or Legal Guardian

Reviewed by _____