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PATIENT INFORMATION CONSENT FORM

I have read and fully understand South Bay Sports and Physical Therapy's Notice of Information Practices. I understand that South Bay Sports and Physical Therapy may use or disclose my personal health information for the purpose 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 is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that South Bay Sports and Physical Therapy will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in South Bay Sports and Physical Therapy's Notice of Patient Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

I also authorize South Bay Sports & Physical Therapy to use or disclose, as needed, my protected health information in order to support the business activities of my therapist's practice. These activities include, but are not limited to, quality assessment, employee review, licensing, marketing and fundraising, and conducting or arranging for other business activities.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Patient Name

Date

Signature