

# Rehab1Network

## Patient Information Consent Form

### **Acknowledgement**

I, the undersigned, acknowledge that I was provided a copy of the current copy of the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information Practices for my review.

I, the undersigned, have read and fully understand the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information Practices. I understand that the Rehab1Network and/or its affiliated office(s) 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 Rehab1Network and/or its affiliated office(s) 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 the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information practices. I understand that I retain the right to revoke this consent by notifying the Rehab1Network and/or its affiliated office(s) in writing at any time.

### **Consent of Release to Other Persons**

I hereby give my consent for Rehab1Network and/or its affiliated office(s) to release information regarding my treatment and/or healthcare.

\_\_\_\_\_

Print Person's Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Print Person's Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Signature (Signature of Parent/Guardian)

\_\_\_\_\_

Facility Representative Signature

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Today's Date

Consent Expiration Date: \_\_\_\_\_