

PHYSICAL THERAPY CENTER OF TUSTIN, INC.

Brett Eirich PT, ATC

PATIENT INFORMATION ACKNOWLEDGEMENT FORM

I have read and fully understand Physical Therapy Center of Tustin's Notice of Information Practices. I understand that Physical Therapy Center of Tustin 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 Center of Tustin will consider requests for restriction on a case by case basis, but does not have to agree to request for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Physical Therapy Center of Tustin'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