

# Sands Point Physical Therapy

230 Beach 102nd Street Suite 3A

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www.SandsPointPT.com

## Patient Consent

I, understand, do hereby agree and give my consent for Sands Point Physical Therapy to furnish my medical care and treatment that is considered necessary and proper in diagnosing and/or treating my physical condition.

I acknowledge that I have been given a copy of the Notice of Privacy Practice, which describes the Practice's obligation to ensure the privacy of my health information. The HIPAA Privacy Notice also 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 the practice's HIPAA Privacy Notice and to ask for clarification of it. I understand that the Practice is required to maintain the privacy of my health information in accordance with the terms of the HIPAA Privacy Notice.

By signing this form, I consent to the Practice's 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 any time in writing, but if I do, my revocation will not have an effect on any actions the Practice has already taken in reliance on this consent.

I hereby assign all medical and/or surgical benefits to include medical benefits, to which I am entitled, including Medicare, private insurance and third party payers to Sands Point Physical Therapy.

\_\_\_\_\_  
**Signature of patient or patients representative**

\_\_\_\_\_  
**Date**

If this form is signed by the patient's representative, please complete the following:

Print the name of the Patient's Representative: \_\_\_\_\_

Representative's relationship to act for the patient: \_\_\_\_\_

**Sands Point Physical Therapy Representative:** \_\_\_\_\_

Should you refuse to sign the above document Sands Point Physical Therapy reserves the right to refuse to provide non-emergency care to the patient.