

I, _____, hereby acknowledge receipt of Austin Physical Therapy's **Notice of Privacy Practices**. Austin Physical Therapy will use or disclose my PHI for the purposes of carrying out **treatment, payment and health care operations**. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand Austin Physical Therapy has reserved the right to change its privacy practices that are described in the Notice.

I give my consent for Austin Physical Therapy to notify me of new facilities or services. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to Austin Physical Therapy.

Signed: _____ Date: _____

If you are signing for patient, please give your relationship to the patient: _____