

MARION PHYSICAL THERAPY, P.C.
999 44th STREET, SUITE 10,000
MARION, IOWA 52302-3846

HIPAA INFORMATION DISLCLOSURE

By signing this form, you are granting consent to **Marion Physical Therapy** to use and disclose your protected health information (PHI) and electronic protected health information (EPHI) to a third party provider for the purposes of treatment, payment, and health care operations. **Marion Physical Therapy** will not disclose PHI/EPHI to a third party without your consent. **Notice of Privacy Practices** provides more detailed information about how we may use and disclose this PHI/EPHI. You have a legal right to review our **Notice of Privacy Practices** before you sign this consent, and we encourage you to read it in full.

Our **Notice of Privacy Practices** is subject to change. If we change our notice, you may obtain a copy of the revised noticed by contacting **Marion Physical Therapy** at 319-373-7311.

You have a right to request us to restrict how we use and disclose your PHI/EPHI for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement,

You have a right to revoke this consent in writing, except to the extent we already have used or disclosed your PHI/EPHI in reliance on your consent.

Signature: _____

Printed Name: _____ Date: _____

Other person/provider/entity you would like your PHI/EPHI disclosed to:

Name: _____

Relationship: _____

Name: _____

Relationship: _____