



For Human Performance & Sports Physical Therapy, P.C.
110 East 23rd Street 3rd floor
New York, N.Y. 10010
212-529-5700

Patient Information Consent Form

I have read and fully understand Bodhizone’s notice of patient information practices and Hippa compliance. I understand that Bodhizone may use or disclose my personal health information for the purpose 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 company in writing. I also understand that Bodhizone 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 Bodhizone’s notice of patient information practices. I understand that I retain the right to revoke this consent at any time by notifying the company in writing.

Patient’s Signature _____
Patient Name (print) _____
Date _____

Designated Individuals authorization

I hereby authorize one or all of the designated parties listed below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties must be verified before the release of any information.

Authorized Designees:

Name _____ Relationship _____
Name _____ Relationship _____