

HIPAA Notice Acknowledgement & Consent:

ACKNOWLEDGEMENT

I have received and read the Notice of Privacy Practices for the office Engage PT, OT, SLP PLLC and understand my rights contained in the notice.

CONSENT

I hereby give my consent for Engage PT, OT, SLP PLLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). The Notice of Privacy Practices provided by the practice named above describes such uses and disclosures more completely. I have the right to review the Notice of Privacy Practices prior to signing this consent. Engage PT, OT, SLP PLLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Elizabeth Yates Horton, 3157 E Genesee Street Syracuse NY 13224.

With this consent, Engage PT, OT, SLP PLLC may:

- Call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including examination findings, test results, among others.
- Contact me by phone, mail, text or email to participate in marketing events, pertinent products or services offered by Engage PT, OT, SLP PLLC.
- Use any photos or videos of me to be used for promotional purposes on the internet or within the office.
- E-mail, mail or text message to my home, or other alternative location, any items that assist the practice in carrying out TPO, such as appointment reminders, patient billing statements, home exercise programs or reminders and updates from my therapist and their team.
- I have the right to request that Engage PT, OT, SLP PLLC restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Engage PT, OT, SLP PLLC to use and disclose my PHI to carry out TPO and other approved uses as stated above.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

If I do not sign this consent, or later revoke it, Engage PT, OT, SLP PLLC may decline to provide treatment to me.

Signature of PATIENT or LEGAL GUARDIAN:

Date:

Patient's FULL NAME