www.pt360atl.com



Patient Rights Information

Notice of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION.

USES AND DISCLOSURES OF HEALTH INFORMATION

PT 360 uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. For example, PT 360 may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

PT 360 may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, PT 360's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

PT 360 may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our facility. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. PT 360 will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

PT360's LEGAL DUTY

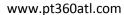
PT360 is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.





Patient Information Consent Form

| | (Print Name), do nereby acknowledge that I have been given a copy o |
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| Physical Therapy 360 degrees, LLC's (dba | a PT 360) Notice of Patient Information Practices and Rights. |
| Access to Protected Health Information | |
| _ | ual(s) to receive or discuss information pertaining to my medical |
| condition(s), release medical records, or | discuss billing: Not Applicable |
| Name: | Relationship: |
| Name: | Relationship: |
| - | rance Portability & Accountability Act of 1996 (Federal Law). Of zations is the Administrative Simplification Section of the Act, which apply with specific rules regarding: |
| Unique Identifiers for he | ealth plans, providers, individuals, employers. |
| Healthcare Transaction 8 | & Code Sets for transmitting date electronically. |
| Privacy regulations over | disclosure and use of health information. |
| Security regulations ove | r protections of electronic health information. |
| telephone, voice mail, cell phone and/or we will not leave a message if the name name or identity. Information will also n | al and/or unauthorized information by home telephone, work pager. Whenever returning phone calls and the voicemail picks up, or telephone number on the recorded message does not match your ot be left with an unauthorized person who may answer the ormation released to someone other than yourself please complete the |
| | (Print Name), hereby authorize Physical Therapy 360 degrees, LLC mation pertaining to my care by telephone, email or voicemail and will enever this information changes. |
| Signature | Date |





Informed Consent To Treatment

The term "informed consent" means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to you. The clinical provides a wide scope of services and you will receive information at the initial visit on the treatment/assessment options available for your condition.

POTENTIAL RISKS AND POTENTIAL BENEFITS:

You may experience an increase in your current level or pain or discomfort, or an aggravation of your existing injury. The discomfort may be temporary and will probably subside in 24 to 72 hours. You may also experience an improvement in your symptoms, an increase in your ability to perform your daily activities. You may experience increased strength, awareness, flexibility, and endurance in your movements. You may experience decreased pain as well. You will have greater knowledge on managing your condition and the resources available to you.

| Dry Needling: You may have dry needling performed during your physical therapy care. Dry needling is not |
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| acupuncture. Please make sure you are properly hydrated and have eaten before having dry needling. Please |
| talk to your therapist if you have any medical conditions that may contraindicate dry needling. This may |
| include but is not limited to blood and bleeding disorders, HIV/AIDS, pregnancy, psychological disorders, |
| history of heart attack or stroke. |
| |
| |

| Signature | Date |
|-----------|------|