

Buffalo Physical Therapy & Sports Rehabilitation, P.C.

192 Park Club Lane
Suite 110
Williamsville, New York 14221
716-632-9200

Consent to the use and Disclosure of Health Information for Treatment, Payment or Healthcare Operation

I understand that as part of my healthcare, Buffalo P.T. originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many health professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- And a tool for routine health care operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided access to a Notice of Privacy Practices that provides a more complete description and information uses and disclosures. I understand that I have a right to review the notice prior to signing this consent. I understand that Buffalo P.T. reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address that I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry treatments, payments, or healthcare operations and that Buffalo P.T. is not required to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Buffalo P.T. has already taken in thereon.

Name of Patient (please print)

Signature of Patient or Legal Representative