

TEXAS SPORTS MEDICINE AND REHABILITATION
ACKNOWLEDGEMENT OF PRIVACY NOTICE

Please understand that as part of the provision of healthcare services, Texas Sports Rehabilitation creates and maintains health records and other information describing history, symptoms, examination and test results, diagnoses, treatment, future treatment plans and other information as it relates to your care. Please know that you have the right to request restrictions as to how your health information may be used or disclosed. By signing this form, you consent to the use and disclosure of protected health information (PHI) for the purposes of treatment, payment, and health care operations. You freely consent to our privacy notice with the understanding that:

1. Any and all PHI records - written, oral, or electronic - are confidential and cannot be disclosed for reasons outside treatment, payment, and health care operations without written consent by patient or guardian (if a minor).
2. A photocopy or fax of this consent is as valid as the original.
3. You have the right to request that the use of your PHI, as mentioned above, can be restricted, amended, or revoked at any time by submitting a written request.
4. If your case is covered under Workers Compensation, your employer has the right to view your documented assessment, progress, and discharge information.
5. This notice is a summary. By law, a full and complete version of our privacy policy is available upon request and clearly posted within the clinic.

Patients Printed Name

Date

Patients Signature (or Guardian, if a minor)

Date of Birth (for identification only)

ACKNOWLEDGEMENT OF CLINIC POLICY

At Texas Sports Rehab we take pride in the expert delivery of quality health care. To maintain a standard of excellence, we politely ask our patients to read and acknowledge these conditions by which we operate:

1. We courteously ask our patients to give 24 hours advance notice for schedule changes and cancellations.
2. For safety purposes, children are not permitted in the treatment area during a scheduled session.
3. For safety purposes, exercise equipment is for use as directed by clinic staff. No additional training is permitted.
4. Confidentiality is essential—please do not discuss our patients or the details of an appointment outside this clinic.
5. To promote an exceptional rehabilitation experience, proper exercise attire is recommended, i.e. t-shirts, shorts, socks and tennis shoes.
6. To respect the privacy of our patients, please do not ask for autographs.

Thank you for helping our staff maintain these standards. If you have any questions, please feel free to discuss these terms with any member of our staff.

Signature

Date