

Northern Arizona Rehabilitation & Fitness, PC

Patient Information Consent Form

I have read and fully understand Northern Arizona Rehabilitation & Fitness' Notice of Information Practices. I understand that Northern Arizona Rehabilitation & Fitness may use or disclose my personal information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrated operations related to treatment or payment.

I also understand 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 practice. I also understand that Northern Arizona Rehabilitation & Fitness will consider requests for restriction on a case by case basis, but does not have to agree to request for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Northern Arizona Rehabilitation & Fitness' Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Signature

Date