

**SOUTHWEST SPORT & SPINE CENTER, INC.
PATIENT INFORMATION ACKNOWLEDGEMENT FORM (HIPAA)**

I have read and fully understand Southwest Sport & Spine Center, Inc's Notice of Information Practices which is posted and available for review. I understand that Southwest Sport & Spine Center, Inc. may use or disclose my personal health information for the purposes consistent with the most current HIPAA regulations and practices. I understand that 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 Southwest Sport & Spine Center, Inc. will consider requests for restriction on a case by case basis, but does not have to agree to requests for restriction.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Southwest Sport & spine Center, Inc's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

_____ Initials

CONSENT FOR PAYMENT TO SOUTHWEST SPORT & SPINE CENTER, INC.

I request payment of authorized Insurance benefits be made either to me or on my behalf to Southwest Sport & Spine Center, Inc. for any services furnished me by the listed provider. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim.

_____ Initials

CONSENT TO MEDICAL PROCEDURES

The undersigned consents to the therapy performed at Southwest Sport & Spine Center, Inc. on an outpatient basis, for the patient by the therapy staff which may include but is not limited to medical treatment or procedures rendered of Southwest Sport & Spine Center, Inc. under the general and special instructions of the patient's physician.

_____ Initials

**LEGAL RELATIONSHIP BETWEEN
SOUTHWEST SPORT & SPINE CENTER, INC. AND PHYSICIANS**

Any physician providing services to the patient is an independent contractor and is not an agent or employee of Southwest Sport & Spine Center, Inc.

_____ Initials

CONSENT TO DOCUMENT OUTCOMES

As a patient of Southwest Sport & Spine Center, Inc. it is understood that photographs and/or videos may be used to document patient progress.

_____ Initials

CONSENT TO USE RESULTS IN MARKETING

May we use your therapy results and attribute them to you in future marketing? Yes No

_____ Initials

CONSENT FOR APPOINTMENT TEXT REMINDER

May we send you a text message reminder for your appointments? Yes No Cell # _____

_____ Initials

Patient Name (Print)

Patient Signature

Date

**Southwest Sport
& Spine Center, Inc.**