



713 Mission Avenue, Suite B, Oceanside, CA 92054  
Tel: (760) 453-7072 Fax: (844) 269-6815 Email: [info@pipelinept.com](mailto:info@pipelinept.com)

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION, FINANCIAL AGREEMENT AND ASSIGNMENT OF BENEFITS**

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with notice describing:

**How Medical Information About You May Be Used and Disclosed and How You Can Access This Information**

We require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We are required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

Pipeline Physical Therapy’s Notice of Privacy Practices provides a more complete description of such uses and disclosures. We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our notice from time to time. You have the right to receive a copy of our most current notice in effect. If you have not yet reserved a copy of our current notice, please ask us and we will provide you with a copy.

**RELEASE OF PROTECTED HEALTH INFORMATION NECESSARY TO PROCESS CLAIMS**

I hereby give my consent for Pipeline Physical Therapy to use and disclose protected health information about me or my child(ren) to carry out treatment, payment, and healthcare operations. I also request payment of government benefits to the party who accepts assignment below. Furthermore, I understand that Pipeline Physical Therapy will prepare any necessary reports and forms to assist me in collections from the insurance carrier.

**ASSIGNMENT OF BENEFITS/ CONSENT FOR PHYSICAL THERAPY**

I, the undersigned do hereby agree and give my consent for Pipeline Physical Therapy to furnish physical therapy to myself or dependent, which is considered necessary and proper in evaluating and treating myself or dependent for my/their physical condition. I assign them all payments for medical services rendered. I acknowledge that they will bill my insurance company on my behalf. In the event medical payments are received directly by me for services rendered that have not been paid for, I promise to immediately sign over and forward those payments along with the Explanation of Benefits to Pipeline Physical Therapy. I accept financial responsibility for all charges incurred. I understand that I am to pay any deductibles, co-payments, or other charges not covered by my insurance company. If my account has to be referred for outside collections, I will be charged a \$30 service charge. For all returned checks, there is a \$25 penalty in addition to the immediate cash payment for services rendered. I also authorize Pipeline Physical Therapy to furnish any necessary information concerning injury/illness to the insurance carrier involved.

**I have read and fully understand the above information.**

**PATIENT NAME:** \_\_\_\_\_ **Guardian/Power of Attorney/Other Name:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_