



QUAIL RUN  
PHYSICAL THERAPY

CONCERNS AND COMPLAINTS

If you are concerned that Quail Run Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager Melissa Schweitzer at Quail Run Physical Therapy. You may also send a written complaint to the US Dept. of Health & Human Services.

PATIENT INFORMATION CONSENT FORM

I have read and fully understand Quail Run Physical Therapy's Notice of Information Practices. I understand that Quail Run Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. 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 Quail Run Physical Therapy will consider requests for restrictions on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Quail Run Physical Therapy'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.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Guardian Signature

ASSIGNMENT OF BENEFITS

I authorize my insurance benefits to be paid directly to Quail Run Physical Therapy. I understand that I am financially responsible for any balance per coordination of benefits with my insurance company, including all co-pays and deductibles.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date