



PATIENT INFORMATION CONSENT FORM

I have read and fully understand Sovereign Rehabilitation’s Notice of Patient Information Practices. I understand that Sovereign Rehabilitation may use or disclose my personal health information for the purpose or carrying out treatment, obtaining payment, evaluation 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 company in writing. I also understand that Sovereign Rehabilitation will consider request for restriction on a case-by-case basis, but does not have to agree with the request for restrictions.

I hereby consent to the use and disclosure of my personal health information for the purposes as noted in Sovereign Rehabilitation’s Notice of Patient Information Practices. I understand that I retain the right to revoke this consent by notifying the Company in writing at any time.

I also understand and consent to instances where my health care provider would wish to communicate some aspects of my personal health information via electronic means, either to me and/or another approved entity over the Internet. Sovereign Rehabilitation cannot guarantee privacy for email communications over the Internet. I understand and accept this risk, and will allow Sovereign Rehabilitation to communicate my PHI electronically.

Patient Name (PRINT) _____ Date: _____

Signature: _____

APPROVED PARTIES

I hereby authorize one or all of the designated parties listed below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties must be verified before the release of any information.

Authorized Designees:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature _____ Date: _____



**Sovereign Rehabilitation, LLC
Notice of Patient Information Practices
Revised January 14, 2011**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Sovereign Rehabilitation, LLC

Sovereign Rehabilitation is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Sovereign Rehabilitation uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. For example, Sovereign Rehabilitation may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you. Other times we may need to answer a request from a group health plan or insurer that may require PHI to be shared with the sponsor of the plan. Certain aspects of our services are performed through contracts with outside persons or organizations, such as auditing, credentialing, outcomes data collection, social service screening, etc. At times it may be necessary to have your medical record reviewed by one or more of these Business Associates or organizations. At all times, we require our business associates to safeguard the privacy of your information.

Sovereign Rehabilitation may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would only be to someone able to help prevent the threat. We may provide de-identified information for research studies. We also provide information when required by law.

In any other situation, Sovereign Rehabilitation's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. If your request hinders the quality of care, according to the law we reserve the right to deny your request.

Sovereign Rehabilitation may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our clinic and updated on our website www.sovereignrehab.com. You may also request an updated copy of our Notice of Information Practices at any time either electronically or for a paper copy. For an electronic copy you may download it from our website sovereignrehab.com. A paper copy may be obtained from any clinic location.



PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time through confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Business manager at the location where you are attending therapy. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances Sovereign Rehabilitation will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them. To request restrictions, you should contact the Business manager in the appropriate location to obtain and complete the required form. In your request you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; 3) to whom you want the limits to apply

Further information about this Notice, if you have privacy issues, or if you believe that your privacy rights have been violated, you may please contact us at the Privacy Officer, Sovereign Rehabilitation 678-674-1711 or you may also notify the Secretary of the Department Of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized for filing a complaint with either party