

Run Raleigh PT Patient Information Form

Today's Date _____

Patient Name _____
Last First DOB _____ AGE _____

I hereby authorize Run Raleigh PT, LLC to perform or have performed upon me (or the above name patient) such assessment and treatment procedures as are deemed necessary by Run Raleigh PT, LLC. I authorize the release of any information pertinent to my case to any insurance company, attorney, adjuster, or any other person involved in my case. I understand **Run Raleigh PT, LLC will charge \$50/visit if I do not cancel an appointment within 24 hours.**

Home Address _____
City _____ State _____ Zip _____

Phone _____

I understand and agree that I am responsible for the payment of any professional services rendered by Run Raleigh PT, LLC. I understand that Run Raleigh PT is out of network with my insurance and that it is my responsibility to file for reimbursement. I understand and agree that should my account be turned over to a collection agency, an additional 10% will be added.

Signature: _____ Date _____

Date of Injury: _____

Main reason for this visit _____

Referred By _____

Did you previously receive treatment for your current problem?

Yes Type of provider (PT, Chiropractor, massage) _____
 No

Have you had an x-ray or MRI for this problem? Yes No Results _____

General Personal Medical History: (i.e. cancer, high blood pressure, surgeries)

Medication Information:

List the medications you are currently taking. Include prescription and non-prescription medications.

Allergy Information:

Are you allergic to adhesive (tape products)? Yes No Are you allergic to latex? Yes No

The information on this form is accurate to the best of my knowledge.

Signature_____Date_____

Notice of Privacy Practices :This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Uses and Disclosure:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation your health, and providing treatment.

Payment: Your health information may be used to seek payment from sources of coverage such as credit card companies that you may use to pay for services.

Heath care operations: Your health information may be used as necessary to support the day-to-day activities and management of Run Raleigh PT. Information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and government-mandated reporting.

Additional Uses of Information: Your health information will be used by our staff to send you appointment reminders. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.

Individual Rights :You have certain rights under the federal privacy standards.

- - The right to request restrictions on the use and disclosure of your protected health information.
- - The right to receive confidential communications concerning your medical condition and treatment.
- - The right to inspect and copy your protected health information.
- - The right to amend or submit corrections to your protected health information
- - The right to receive and accounting of how and to whom your protected health information has been disclosed.
- - The right to receive a printed copy of this notice.

Run Raleigh PT Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of the privacy practices. We also are required to abide by the privacy policies and practices that are outlines in this notice.

Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices for Run Raleigh PT

Please Sign Name Date _____