



New Paradigm
physical therapy

Privacy Practices Acknowledgement and Medical Record Release

Please read our Privacy Policy on our website and complete this form in its entirety and bring it with you to your first visit.

PRIVACY PRACTICES

I have received a Notice of Privacy Practices and I have been provided an opportunity to review it.

Name

Date

Signature

ACCESS TO MEDICAL INFORMATION AND RECORDS

New Paradigm Physical Therapy is authorized to release my protected health information to my referring doctor/dental office and additionally to the following people:

Name

Relationship to Patient

Name

Relationship to Patient

I allow New Paradigm Physical Therapy permission to leave a detailed message about my appointment or procedure on my:

Cell Phone

Home Phone

With (family member of household member)

I DO NOT want New Paradigm Physical Therapy to leave a message about my appointment or procedures.

Patient Signature or Responsible Party

Date