

**Notice of Privacy Practices:**

Revitalize Movement Physical Therapy is required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. This notice describes the types of uses and disclosures that we may make and gives you some examples. We are required to follow the procedures in this Notice.

**Informed Consent:**

I understand that Revitalize Movement Physical Therapy will maintain my privacy to the highest standards and 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. Photographs taken during initial evaluation, progress evaluation and discharge summary will be used for postural comparison purposes and as educational tools. By signing below I consent to the use of these photographs in a professional manner. I do hereby agree and give my consent for Revitalize Movement Physical Therapy to furnish care and treatment that is considered necessary and proper in the diagnosing or treating of my physical condition. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time. I hereby certify that all the above information is true to the best of my knowledge.

Patient/Parent/Guardian

Signature: \_\_\_\_\_