

**MOUNTAIN VIEW REHABILITATION MEDICAL ASSOCIATES, INC.**

**PATIENT CONSENT FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Mountain View Rehabilitation Medical Associates, Inc. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Mountain View Rehabilitation Associates, Inc.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Mountain View Rehabilitation Medical Associates, Inc. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained at the front office.

With this consent, Mountain View Rehabilitation Medical Associates, Inc. may mail to my home or alternative location any items that assist the practice in carrying out TPO, such as patient statements.

With this consent, Mountain View Rehabilitation Medical Associates, Inc. may release information to family members who are involved in or assist in my care.

I have the right to request that Mountain View Rehabilitation Medical Associates, Inc. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Mountain View Rehabilitation Medical Associates, Inc. use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Mountain View Rehabilitation Medical Associates, Inc. may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Patient or legal Guardian

\_\_\_\_\_  
Patient name (if the above is NOT the patient's signature)