



11303 Wright Cir.
 Omaha, NE 68144
 Phone: 402-512-3237
 Fax: 531-329-6837
 www.coreworksphysicaltherapy.com

Patient Authorization Record

Initial Here

	<p><u>Authorization for Treatment</u></p> <ul style="list-style-type: none"> ➤ I hereby give authorization to CoreWorks Physical Therapy, LLC to perform rehabilitation procedures as permitted by the state of Nebraska Statutes and under the appropriate scope of practice, in the judgment of my therapist, as deemed necessary.
	<p><u>Authorization for Release of Information</u></p> <ul style="list-style-type: none"> ➤ I agree that CoreWorks Physical Therapy, LLC may provide information from my medical record to persons involved in my medical care. ➤ I agree that CoreWorks Physical Therapy, LLC may obtain information from others who have provided medical care to me and/or are responsible for the payment of all or part of my bills when this information is needed in order to treat, bill, and/or receive payment. ➤ I have read "Notice of Privacy Practices" as mandated by HIPAA.
	<p><u>Cancellation Policy</u></p> <ul style="list-style-type: none"> ➤ 24-hour advance notice is required to change or cancel an appointment without charge. Appointments may be cancelled by phone, email, or in person.
	<p><u>Studio Policies</u></p> <ul style="list-style-type: none"> ➤ CoreWorks Physical Therapy is located in a Pilates Studio. Classes and private sessions may be in progress during your visit. Please read the following studio policies: <ul style="list-style-type: none"> ○ Cell phones should be turned to silent while in the studio to limit disruptions. ○ Please refrain from using perfumes before you come to the studio as many people are sensitive to fragrances. ➤ A portion of your treatment may be conducted in a Pilates studio setting. We will make reasonable and necessary efforts to keep your health information private. If you are uncomfortable in a Pilates studio environment, please inform your Therapist prior to treatment
	<p><u>Notification of HIPAA</u></p> <ul style="list-style-type: none"> ➤ I acknowledge that I have received or been offered a copy of CoreWorks Physical Therapy, LLC's Notice of Privacy Practice which describes how my PHI is used and shared. I understand that CoreWorks Physical Therapy, LLC has the right to change this notice at any time. I may obtain a current copy by contacting CoreWorks Physical Therapy, LLC or visiting www.coreworksphysicaltherapy.com. <p>My signature below acknowledges that I have been offered a copy or provided with a copy of the Notice of Privacy Practice.</p>

 Patient signature Date

 Printed patient name

 Signature of Legal Representative/POA Date