

Harris & Renshaw

PHYSICAL THERAPY

Dear Parent or Guardian,

Harris & Renshaw Physical Therapy will be providing athletic training and physical therapy services at school sports functions for the **2021/2022** school year. We look forward to providing the highest quality care for your student athlete in the event they need medical assistance. We also want to respect their right to privacy of any medical information that may be disclosed during treatment. Privacy standards have been instituted by the federal government requiring Harris & Renshaw Physical Therapy to request authorization for the use and disclosure of Protected Health Information. Please read the following statements and return this signed form with your student to turn in at school physicals. Thank you for your cooperation.

Authorization for Use and Disclosure of Protected Health Information

By signing this form, I authorize Harris & Renshaw Physical Therapy to use and/or disclose certain Protected Health Information (PHI) about my child to the **North Little Rock School District Athletic Department Staff**.

This information permits Harris & Renshaw Physical Therapy to use and/or disclose information concerning the condition and treatment of injuries sustained during school functions including athletic events, cheerleading, dance team and band activities.

The information will be used and/or disclosed for the following purpose: **Athletic Sports Programs**.

The purpose is to allow me as parent/legal guardian to make an informed decision whether to allow the release of information related to my child's medical care. This authorization will expire one year from the date this form is signed. I do not have to sign this authorization in order to receive treatment from Harris & Renshaw Physical Therapy. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the HIPPA Privacy Rule. I have the right to revoke this authorization. My written revocation may be submitted to the Privacy Officer at Harris & Renshaw Physical Therapy, 4801 Fairway Ave, North Little Rock, Arkansas 72116.

STUDENT'S NAME

DATE OF BIRTH

SIGNATURE OF PARENT/LEGAL GUARDIAN

RELATIONSHIP TO STUDENT

PRINT NAME OF PARENT/LEGAL GUARDIAN

DATE

To request a copy of the privacy policy for Harris & Renshaw Physical Therapy or have further questions, please call 758-1300.