

Bighorn Physical Therapy and Sports Medicine respects your privacy as a patient. We will protect your medical information according to the Health Insurance Portability and Accountability Act (HIPAA).

I authorize Bighorn Physical Therapy and Sports Medicine to use my protected health information and to disclose my protected health information to my medical, pharmacy, dental, mental health providers, my insurance companies and to any state or federal agency that is assisting with the payment of my bill. This authorization includes, but is not limited to, my medical history, substance abuse, communicable diseases, mental health records, and billing information. Furthermore, I hereby designate Bighorn Physical Therapy and Sports Medicine as my lawful agent and assign to Bighorn Physical Therapy and Sports Medicine any benefits for medical services to which I may be entitled. I understand and agree: (1) the disclosure and use of my protected health information, to the entities referenced above, is at my request, (2) the information used or disclosed may be subject to re-disclosure by the individuals/entities receiving it, and would then no longer be protected by federal privacy regulations, (3) I may revoke this authorization by notifying Bighorn Physical Therapy and Sports Medicine, in writing, however, Bighorn Physical Therapy and Sports Medicine requires thirty (30) days to process any such request, (4) Bighorn Physical Therapy and Sports Medicine may use or disclose my protected health information until such time as I am no longer a patient at Bighorn Physical Therapy and Sports Medicine.