



Appointment Reminders and Policies

At times, our office may need to contact you with appointment reminders, information about treatment, or other health related information. By signing below, you are giving us authorization to contact you with these reminders/information.

I may be contacted by:
Please circle all that apply

Phone (Home or Work)

Cell Phone

Email

Messages may be left on:
Please circle all that apply

Home Phone

Cell Phone

Work Phone

With individuals that answer my phone(s)

I authorize the following person to receive the protected health information:

Name

Relationship

Phone Number

Medical Records Transmittal

I acknowledge and understand that my physical therapy evaluation constitutes medical necessity and therefore, requires a physician's signature. I consent to my medical records including any narratives, x-rays, therapy notes, etc being sent to my referring/overseeing physician, _____.

Cancellation Policy/Late Arrivals

We require a **24-hour notice** in the event you need to reschedule or cancel your appointment. Failure to do so will result in a **\$55 charge** that will apply to your account balance.

→ If you are 10 minutes late to your appointment, your treatment for that day will be modified.

→ If you are 15+ minutes late to your appointment, we have the right to reschedule your appointment and charge your account the \$55 fee.

Filing Insurance

As a courtesy, we verify your benefits prior to your visit; however, it is your responsibility to understand your benefit coverage for all services offered. We do not guarantee that the information we are provided regarding your benefit detail is accurate. We will submit the claims to your insurance carrier for you as a courtesy. You will receive an Explanation of Benefits (EOB) from your insurance describing how they have processed your claims. Any remaining balances for copays, deductibles, coinsurance, and non-covered services will be your responsibility.

Collections

- All copays, deductible payments, and coinsurance amounts are due at the time services are rendered.
- We accept cash, check, credit cards, as well as HSA/FSA cards, and CareCredit.
- We expect payment for any unpaid balances no later than 14 days after a statement is received via mail.
- If incorrect information is received from the patient at the time of your appointment that results in an unpaid claim, you will be responsible for the full amount of the services rendered.

Printed Name

Signature

Date



Health Care Information Authorization

This notice describes how medical information about you may be used or disclosed and how you can get access to information. Please review it carefully.

Tennessee Sports Medicine Group Legal Duty

Tennessee Sports Medicine Group is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

Uses and Disclosure of Health Information

Tennessee Sports Medicine Group uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administration activities and evaluating the quality of care that we provide. For example, Tennessee Sports Medicine Group may use your personal information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you. Tennessee Sports Medicine Group may use or disclose your personal health information without prior authorization for public health purposes, for research studies, for auditing purposes, and for emergencies. We also provide information when required by law.

In any other situation, Tennessee Sports Medicine Group is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information, for any reason, you may later revoke that authorization to stop further disclosures at any time.

Tennessee Sports Medicine Group may change its policy at any time. When changes are made, a new Notice of Patient Information Practices will be posted in the waiting room and patient treatment areas and will be provided to you at your next visit. You may also request a copy of Notice of Patient Information Practices at any time.

Patient's Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal information for reasons other than treatment, payment, or other related administrative purposes.

You may also request, in writing, that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. Tennessee Sports Medicine Group will consider all requests on a case-by-case basis, but the practice is not legally required to accept them.

Concerns and Complaints

If you are concerned that Tennessee Sports Medicine Group may have violated your privacy rights, or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our manager. You may also send a written complaint to the US Department of Health and Human Services.

I have read and fully understand Tennessee Sports Medicine Group Notice of Information Practices. I understand that Tennessee Sports Medicine Group may use or disclose my personal health information for the purpose of providing treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Tennessee Sports Medicine Group will consider restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information as noted in Tennessee Sports Medicine Group Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Printed Name

Signature

Date

