



181 Main Street  
Monroe, CT 06468  
Phone: 203-445-9843  
Fax: 203-445-9847

**CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

Your protected health information will be used by this practice, known as Zielinski Physical Therapy and Associates, P.C. or disclosed to others for the purpose of treatment, obtaining payment or supporting the day-to-day health care operations of the practice.

We are providing you with a copy of our Notice of Privacy Practices. We request that you review the notice prior to signing this consent. You may request a restriction on the use or disclosure of your protected health information. If you wish to restrict your disclosure, you should make that request in writing.

This practice, however, may or may not agree to restrict the disclosure of your protected health information.

If we agree to your request, the restrictions will be binding. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of federal privacy standards.

You may revoke the consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date of your revocation of consent is received will not be affected.

This practice reserves the right to modify the privacy practices outlined in the notice.

**PLEASE SIGN BELOW**

I have reviewed this consent form and have reviewed the Notice of Privacy Practices. I give my permission to this practice to use and disclose my health information in accordance with it.

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Name of Patient (Print Clearly)

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Signature of Patient Date

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Signature of Patient Representative

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Relationship of Patient Representative to Patient