Yorick Wijting, PT, DPT
Licensed Physical Therapist

9460 No Name Uno, Suite 250
Gilroy, CA 95020
(408) 707-0234

PATIENT INFORMATION CONSENT

I understand that Yorick Wijting, PT (the "practice") may use or disclose my personal health information (PHI) for the purposes of carrying out 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 PHI is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that the practice will consider requests for 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 PHI for purposes as noted in the practice's Notice of Privacy Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

I elect to receive a copy of the Notice of Privacy Practices (check below if you wish to receive a copy):

- ☐ by email
- ☐ in hard copy

Received by staff member:

Patient Name: _____

Date: _____

Signature: _____ (patient or personal representative)

If signed by the patient's Personal Representative:

Name: _____

Relationship to patient: _____

Received by staff member:

Name: _____

Signature: _____