Florida Injury Medical Centers 125 E. Merritt Island Cswy ste. 107 #206 Merritt Island, FL 32952

I. Notice of Privacy Practices

	<u>Acknowle</u>	dgement of Receipt	of Notice
			ny right to review the clinic's Notice of e effective date is 2-22-22.
Patient's or Patient	s Legal Representative	e's Signature Date	
II.	Release o	of Medical Records	
	RELEASE OF PAT	IENT RECORDS AUT	HORIZATION
protected health inforegulations. I understarted disclosed is prohibited written consent of the	rmation. This authorization that Florida Statute bited from further disclost patient or the patient's	tion is given pursuant t 456.057 (12) makes cleasing any information in the legal representatives.	my patient records or x-rays containing of Florida Statute 456.057 and HIPAA ar that any third party to whom records the medical record without the expressed
Patient's or Patient	s Legal Representative	e's Signature Date	
III.	CONSE	ENT FOR TREATMENT	<u> </u>
physiotherapy, physica the course of the proc further request and au purpose of these proce	I therapy and perform no edures calling for judgment othorize this office to perf edures have risks involved	n-invasive diagnostic tests nt, procedures in addition orm whatever my treating	ignate as assistant to perform examination, and, if any unforeseen condition arises in to or different from those contemplated. It doctor deems advisable. The nature and plications has been fully explained to me. If at may be obtained.
Patient Name Printed		Patient Signature	 Date