Blue Water Therapy
916 N. Dixie Freeway
New Smyrna Beach, Florida 32168
Phone: 386-426-7885 Fax: 1-866-239-9013
bluewatertherapy1@gmail.com

Consent to Treatment

Consent to treatment:

I hereby grant consent for treatment or services to be provided by Blue Water Therapy therapists, training staff/team.

Disclosure of Protection Health Information:

I understand that my health information is protected by federal regulations under either the Health Portability and Accountability Act (HIPPA) or the Family Educational Rights and Privacy Act of 1974 (FERPA) and may not be disclosed without my authorization or consent. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation.

I understand that my protected health information will or could be used by Blue Water Therapy staff for purposes of providing athletic training and medical services, reporting and providing information, and communication with administers, physical therapist, doctors, and other allied health professionals. Medical information shared between medical providers and all parties involved in my medical treatment along with Blue Water Therapy is confidential information and will not be shared to those outside of these positions.

I hereby consent to and authorize Blue Water Therapy health care personnel to disclose protected health information and any related information regarding any injury or illness during my treatment and participation to the individuals or entities noted above for the purposes stated above. I also consent to authorize the release of protected health information to the following listed below:(i.e. spouse, healthcare surrogate)

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I also understand that the local, regional and national media are not covered by HIPAA or FERPA and these legal requirements will not apply.

_____ _____

Patient Signature Date Guardian Signature Date

_____ _____

Print Name Print Guardian Name