# Florida Injury Medical Centers
# 432 Pine Meadow Dr. Debary, FL 32713

## I. Notice of Privacy Practices

### Acknowledgement of Receipt of Notice

By my signature below, I acknowledge receipt of a copy and/or my right to review the clinic's Notice of Privacy Practices (of which a copy is provided in the clinic front desk). The effective date is April 1, 2018.

____________________________________________ ____________________

**Patient's or Patient's Legal Representative's Signature  Date**

## II. Release of Medical Records

### RELEASE OF PATIENT RECORDS AUTHORIZATION

I hereby authorize Florida Injury Medical Centers to release a copy of my patient records or x-rays containing protected health information. This authorization is given pursuant to Florida Statute 456.057 and HIPAA regulations. I understand that Florida Statute 456.057 (12) makes clear that any third party to whom records are disclosed is prohibited from further disclosing any information in the medical record without the expressed written consent of the patient or the patient's legal representatives.

____________________________________________ ____________________

**Patient's or Patient's Legal Representative's Signature  Date**

## III. CONSENT FOR TREATMENT

I hereby authorize your practice and whomever the doctor may designate as assistant to perform examination, physiotherapy, physical therapy and perform non-invasive diagnostic tests and, if any unforeseen condition arises in the course of the procedures calling for judgment, procedures in addition to or different from those contemplated. I further request and authorize this office to perform whatever my treating doctor deems advisable. The nature and purpose of these procedures have risks involved and the possibility of complications has been fully explained to me. I acknowledge that no guarantee has been made to me as to the result(s) that may be obtained.

________________________________ ________________________________________________

**Patient Name Printed  Patient Signature  Date**