



Notice of Privacy Practices

And

Authorization to Release Information

Patient Name: _____ **Date:** _____

I acknowledge that I have been given the opportunity to read the Notice of Privacy Practices prior to any service being provided. I acknowledge that the Notice of Privacy Practices is posted at the location in which I am receiving treatment and that I have read and understand the Notice. The Notice can also be found on our website at aimrehabservices.com. I further acknowledge that I have the right to request a copy of the Notice and one will be provided to me.

Signature: _____ (relationship to patient: self - guardian - other: _____) **Date:** _____

Authorization to Release Information

I authorize AIM Rehab Services Inc to release to appropriate agencies, any information acquired in the course of my or the above named patient's examination and treatment necessary to secure payment for services provided.

Signature: _____ (relationship to patient: self - guardian - other: _____) **Date:** _____

