

## Health Insurance Portability and Accountability Act (HIPAA) Consent Form

I consent to the use and/or disclosure of my protected health information (PHI) by authorized Testing Technologies administrators solely for the purpose of providing a Functional Capacity Evaluation (FCE), Payment for FCE, and other related operations directly related to the FCE\*. I have received a copy of the Notice of Privacy Practices and understood my right to review and ask questions prior to signing this document.

I understand and consent to:

- The provision of the FCE to me is conditioned upon my consent as evidenced by my signature on this document.
- I have the right to request a restriction as to how my PHI is used or disclosed to carry out the FCE, payment, or operations of PA Evaluations. PA Evaluations is not required to agree to the restrictions that may request. However, if PA Evaluations agrees to a restriction that I request, the restriction is binding on PA Evaluations.
- I have the right to revoke this consent, in writing, at any time, except to the extent that PA Evaluations has taken action in reliance on this consent.
- My PHI means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, and a health care clearinghouse. This PHI relates to my past, present or future physical or mental health condition and identifies me; or, there is a reasonable basis to believe the information may identify me.

The Notice of Privacy Practice describes:

- The types of uses and disclosures of my PHI that will occur in the provision of the FCE, payment of my bills and/or the performance of operations by PA Evaluations.
- My rights and the duties of PA Evaluations with respect to my PHI.

\_\_\_\_\_  
Patient's Full Name (Please Print)

\_\_\_\_\_  
Date \_\_\_\_\_  
Patient's Full Name (Signature)

\_\_\_\_\_  
Date \_\_\_\_\_  
Authorized FCE Administrator

\*The FCE consists of a series of physical tasks used to determine the patient's current ability to work and/or perform activities of daily living (ADL). The provision of the FCE entails the performance of the FCE tasks as well as the coordination and communication, if applicable, between the dFCE Group and other members of the patient's health care team and may include the physician, nurse, insurance representative and employer. Payment includes activities involved in determining eligibility under your insurance plan, billing and receiving payment from your health plan. Operations of dFCE Group include the necessary administrative and business functions of our offices.