

UPMC/UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC) CONSENT FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

I (print care may include medical treatment, special tes		consent to the provision of care. I understand that this ation, treatment, and rehabilitation of athletic
injuries. I acknowledge that no guarantees have and all results of any examination and/or treatn		ne as to the outcome of any examination or treatment afidential.
	ensed physical t	roviding care. This may include, but may not be herapists. Under the direction of a certified athletic hool student aides may also provide care.
I acknowledge that no guarantees have been given	ven to me as to t	he outcome of any examination or treatment.
in the mail upon my request or viewed at http://	www.upmc.con/	tes document are available at the school, can be sent n/HospitalsFacilities/hipaa/Pages/privacy-notice.aspx
I give UPMC and its designees permission to u Practices. Patient Initials	se my information	on as described in the UPMC Notice of Privacy
Print Athlete's First And Last Name		
Patient signature	 Date	
- mon signmu	2	
Signature/identify on behalf of patient/relationship	Date	
Signature/identify on behalf of patient/relationship	Date	
For Office Use Only:		
Sign here if patient failed to acknowledge i	receipt of Notic	ce of Privacy Practices:
Reason given by patient for failure to acknowledge	owledge receip	ot of the Notice of Privacy Practices: