



**TEXAS PROSTHETIC SYSTEMS**  
AN INMOTION PROSTHETICS & ORTHOTICS LLC COMPANY

935 S Kimball Ave Suite 170 Southlake, TX 76092  
P: 817-251-2220 F: 866-981-5223

### **HIPAA Privacy Authorization Form**

#### Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act – 45 CFR Parts 160 and 164)

1. I hereby authorize to use and/or disclose the Texas Prosthetic Systems to use and/or disclose the protected health information described below to my insurance company, my primary care doctor and/or my surgeon.

2. Authorization for Release of Information. Covering the period of health care from all past, present and future periods.

I hereby authorize the release of my orthotic or prosthetic health record.

3. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

4. This authorization shall be in force and effect until my death, at which time this authorization expires.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

8. May we leave a voicemail, email, or send a text to you to confirm appointments or discuss financial counseling?  YES  NO

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

The products and/or services provided to you by Texas Prosthetic Systems are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.5(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these business standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you with a written copy of the standards.