

Date: _____

Name: _____ Date of Birth _____
(Print)

Email address _____

_____ I give permission to the office staff to talk to my **mother/father/both** about my insurance and my billing. (Please circle your choice)

I would like my statements sent to the following address:

_____ I give my physical therapist permission to talk to my **mother/father/both** about my treatment. (Please circle your choice.)

_____ I give my physical therapist permission to talk to or send my records to the Athletic training staff @ _____

_____ Date: _____
Signature