



HIPAA

Patient's Written Acknowledgement of Notice of Privacy Practices:

I _____, acknowledge that I have been granted access to the notice of privacy practices and was given the ability to request a copy of 360 Physical Therapy's Notice of Privacy Practices and fully understand. I further acknowledge I have had all my questions answered to my satisfaction.

I hereby authorize 360 Physical Therapy to disclose my protected health information to the following:

Name Relationship to patient

Name Relationship to patient

Patient/Guardian Signature: _____ Date: _____

Consent to treat a minor

I hereby state that I am the legal guardian for the below referenced patient and I authorize the physical therapists and whomever they may designate as assistants at 360 Physical Therapy to administer physical therapy treatment care as deemed necessary to my minor child. I understand that at any time I am responsible for communicating any questions I may have in regards to treatment to the treating therapist or supervision therapist at the facility. I further understand it is my responsibility to understand upon conclusion of the evaluation appointment I should understand the indications and contraindications for treatment and should notify the evaluating therapist if I do not understand. This consent shall remain in effect through the course of treatment unless revoked in writing.

Printed Name of Parent or Legal Guardian: _____

Address: _____

Phone: _____

Signature of Parent or Legal Guardian: _____

Witness: _____ Date: _____