

## **CONSENT TO COMMUNICATE**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Location \_\_\_\_\_

### **Consent to Communicate Via Email**

I understand that authorized personnel from Performance Physical Therapy & Sports Conditioning may communicate with me regarding scheduling, the treatment being provided, educational information including a future newsletters as it relates to health related products or services available at Performance Physical Therapy & Sports Conditioning, or alternative treatments, locations or providers. I agree to receive such communication via email at the following email address:

Email: \_\_\_\_\_

X \_\_\_\_\_ Patient/Guardian Signature    Date -  
\_\_\_\_\_

### **Consent to Communicate to Others**

I hereby authorize Performance Physical Therapy & Sports Conditioning through its appropriate personnel, to communicate with \_\_\_\_\_, my (Circle one) husband/wife/mother/father/son/daughter/significant other/friend regarding billing and payment for services and Physical Therapy care rendered on my behalf. I understand that Performance Physical Therapy & Sports Conditioning will attempt to verify the identity of those I authorize to communicate regarding billing and payment and my Physical Therapy care by way of seeking confirmation of the answers to at least 2 of the following questions:

1. Patient's mother's maiden name is \_\_\_\_\_.
2. City in which the patient was born \_\_\_\_\_.
3. Birthday of the patient is \_\_\_\_\_.
4. Name of patient's current pet is \_\_\_\_\_.
5. Zip code of the patient's mailing address is \_\_\_\_\_.