



Adjuvant Physical Therapy LLC.

Release of Information

I give consent for Adjuvant Physical Therapy LLC. to call, e-mail, or mail my home or other designated locations. Adjuvant Physical Therapy LLC. may also leave a message on voice mail or in person in reference to appointments, insurance items and issues pertaining to my clinical care.

Yes No

Do you want information regarding your treatment or appointment times released to anyone other than yourself?

Yes No

If yes, please list individuals authorized to obtain this information and their relationship to you.

Name

Relationship

Patient Signature: _____

Date: _____