Focus Physical Therapy

1505 Eastern Avenue ● Plymouth, WI 53073

I _____,

- Give permission for Focus Physical Therapy, SC to share information and cooperate on an ongoing basis with my doctor in the form of progress notes, faxes, phone calls and/or emails. Likewise, contact may be made with my primary physician informing him/her that I am currently having therapy. If he/she requests updates on my progress, I am giving authorization to Focus Physical Therapy, SC to send him/her copies of my progress notes that are also being sent to the referring physician.

- Hereby authorize the representative of Focus Physical Therapy, SC to be permitted to obtain and review copies of all hospital medical, vocational and other related records and to discuss pertinent information with professionals involved with my case.

- I understand and give authorization to Focus Physical Therapy, SC to make telephone calls to my home about health related information and appointment reminders. A message may be left on my voicemail.

- Hereby give my permission for authorized personnel of Focus Physical Therapy, SC to perform all necessary procedures and treatments outlined in the plan of treatment.

- Hereby give permission for Focus Physical Therapy, SC to share information with any institution that through insurance company or otherwise is paying all or part of my therapy program. Exceptions: _____

- Authorize Focus Physical Therapy, SC to share information regarding my rehabilitation to/from my employer. I understand that the information shared will be used to assist in tailoring my rehabilitation program to my specific job tasks. If applicable, name of employer/contact person: _____

- Hereby agree that I am expected to attend my scheduled physical therapy appointments. Focus Physical Therapy cares about you and in order for us to help you it is important for you to arrive for your appointments in your plan of care. Should you **cancel or no-show for 3 appointments** you will be discharged from physical therapy and your physician will be notified.

- I agree that a photocopy of this authorization be accepted if necessary.

I, _____, have read and understood the above as well as the privacy notice provided to me by Focus Physical Therapy, SC.

_____ _____

Date Signature