Del Valle Physical Therapy and Rehabilitation

CONSENT TO TREATMENT:

I hereby give written consent to be evaluated for my current diagnosis by a licensed physical or occupational therapist and treated by same therapist and/or his/her supervised physical or occupational assistant or technician employed by Del Valle Physical Therapy and Rehabilitation. **_____Initials**

EMERGENCY CONTACT:

Name: _____Relationship:_____Phone:_____

RELEASE OF INFORMATION:

Please check each box that you are authorizing us to release information to the people you list below.

☐Make changes to my scheduled appointments ☐Call and obtain scheduled appointments times

☐Call and inquire about and/or obtain my billing information ☐Pick up requested documentation

List Names: _____

_____

Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications:

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, to provide general health reminders/information, and to send you statements. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

_____(Patient initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is_____.

The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is_____.