



PHYSICAL THERAPY, PLC

HIPAA Notification and Communication Consent

To follow HIPAA rules and our privacy practices, RX Physical Therapy (“we,” “us,” or “our”) will not share your protected health information (“PHI”) without your permission, unless it’s allowed by law for treatment, payment, or health care operations. We will only share the minimum necessary information for these purposes.

We may send appointment reminders or changes by phone, voicemail, text, or email—unless you tell us not to. This form allows you to tell us how you prefer to receive that information and who else, if anyone, we can share it with.

I, the undersigned, give RX Physical Therapy permission to send my appointment information by the following methods, and I understand I am responsible for making sure these are secure:

Primary phone number: _____ Mobile Landline

Email address: _____

If you'd like us to share your PHI with someone else, like a family member or caregiver, please list their name(s) below. You are also responsible for updating us if this information changes.

I, the undersigned, give RX Physical Therapy permission to share my PHI with:

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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In conjunction with my care, I consent to allow the use of filming devices, such as a camera or cell phone, for the purposes of enhancing my care. In addition, I consent to the transmittal of such images or video to RX Physical Therapy and/or the treating physician through email or text. I acknowledge that such film and related images will only be used or disclosed for treatment purposes.

Yes **No**

Consent to Treatment:

I consent to receive outpatient rehabilitation therapy services and any ancillary services that are deemed medically necessary or appropriate by my physical therapist and/or treating physician. However, I am aware that the practice of rehabilitation therapy is not an exact discipline and I acknowledge that no guarantees have been made to me regarding treatment and the treatment results from the rehabilitation therapy.

Patient/Guardian Signature	Date
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