



Helping each client take the next step!

Communications Preferences and Consent Form

Growing Steps Physical Therapy LLC

To help us protect your confidentiality and health information, this form solicits your preferences and consent regarding how we communicate with you. You may update your preferences at any time by completing a new form.

I authorize Growing Steps Physical Therapy LLC to communicate about my condition(s), plan of treatment, service or other questions, or other matters that may include my protected health information in the following ways. If we do not have a signed consent on file, we will only leave our name and phone number on an answering machine or email with a request to contact us, and we will only mail bills and correspondence to the address that you have provided.

Authorized Modes of Communication. (Check all that apply.)

Voice Messages

_____ Home and/or cell phone(s) on file

_____ Work phone on file

Email

_____ Personal Email on file

_____ Work email on file

Text Messaging

_____ Home and/or cell phone(s) on file

_____ Work phone on file

Fax

_____ Home and/or cell phone(s) on file

_____ Work phone on file



Authorized Persons for Communications

It can sometimes be helpful for us to be in communication with others you may have a relationship with. For us to share treatment or other medical information about you, including protected health information as described in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we need authorization. For patients under 18, it is our practice routinely to share patient medical information with the parents/legal guardian(s). To share protected health information (PHI) with others, we require express consent, generally for minor children from a parent or legal guardian.

I authorize Growing Steps Physical Therapy LLC to communicate about my condition(s), plan of treatment, service or other questions, or other matters that may include my protected health information with the following person(s).

Signature

Date

Circle: Patient

Parent

Legal Guardian

Other Relation:-----

Printed Name