



TRINITY

MANUAL & SPORTS PHYSICAL THERAPY

Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for **Trinity Manual & Sports Physical Therapy** to furnish medical care and treatment to _____, considered necessary and proper in assessing his/her physical condition.

Patient Signature: _____ **Date:** _____
Or Parent/Guardian

Benefit Assignment/Release of Information

I assign all medical and or surgical to include major benefits to which I am entitled, including Medicare, Medicaid, private insurance and third party payers to **Trinity Manual & Sports Physical Therapy**. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

Patient Signature: _____ **Date:** _____
Or Parent/Guardian

Consent to Release Information to Family Members or Other Individuals.

Please indicate below the names and relationship of any individual **Trinity Manual & Physical Therapy** and /or staff may discuss your healthcare issues and/or appointment information with. This authorization and release includes information via phone and or mail. If you only want certain information released please indicate below.

*Name: _____ Relationship: _____

Phone Number: _____ Information we may release: _____

*Name: _____ Relationship: _____

Phone Number: _____ Information we may release: _____

*Name: _____ Relationship: _____

Phone Number: _____ Information we may release: _____

Patient Signature: _____ **Date:** _____
Or Parent/Guardian