

UNITED REHAB PHYSICAL THERAPY P.C.

Consent for Treatment of Minor

I, _____, hereby give my permission as parent/guardian for the minor child, _____, to receive treatment from United Rehab Physical Therapy P.C., any and all licensed Physical Therapist that provides services to the above mentioned minor.

I also hereby authorize United Rehab Physical Therapy P.C., any and all licensed Physical Therapists that provide services to the above mentioned minor to release any health and personal information to other professionals for the purposes of insurance verification, treatment plan, and payment for services.

OPTIONAL

(Initials) _____

I authorize that, in my absence, my minor child will make decisions regarding Physical Therapy services and I will be responsible for all charges associated with those services.

I hereby affirm that I have read and fully understand the above.

Signature of Parent / Guardian: _____ Date: _____