



P: (207)922-4000

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277 State Street, Suite 1B Bangor, ME 04401

## PERMISSION TO TREAT

I \_\_\_\_\_ hereby request and consent to Performance Physical Therapy and Sports Rehab, Inc. to perform rehabilitative treatment and care as prescribed by my physician and/or recommended by my physical therapist.

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I have been made aware of and offered a copy of the HIPPA Laws

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## PROMOTIONAL RELEASE

I consent to and authorize the use of my name and reproduction of any audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program by Performance Physical Therapy and Sports Rehab, Inc.

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_