



# Physical Therapy Consent Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

*I understand that Physical Therapy San Pedro will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.*

*Photographs taken during duration of treatment will be used for postural comparison purposes and as educational tools. By signing below I consent to the use of these photographs in a professional manner.*

**Patient/Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*In addition, photographs and video will be used as educational tools for website and social media purposes. By signing below I consent to the use of these photographs in this manner.*

**Patient/Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I do hereby agree and give my consent for Physical Therapy San Pedro to furnish care and treatment that is considered necessary and proper in the diagnosing or treating of my physical condition.*

*I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.*

*I hereby certify that all the above information is true to the best of my knowledge.*

**Patient/Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_