

Revive Boost Rebuild Physical Therapy LLC

1300 Corporation Parkway, STE B, Raleigh, NC 27610 Phone: 919-917-7729 Fax: 919-400-4178

HIPAA AUTHORIZATION FORM

Patient Name _____ Date: _____

REQUIRED FOR TREATMENT:

I give permission for the providers of Revive Boost Rebuild PT to contact a family member below in the event I become ill or suffer an emergency during my appointments:

Name: _____ Telephone: _____ Relationship: _____

Below, I give my permission for the providers of Revive Boost Rebuild PT to telephone, email, fax, text about my medical condition, prescriptions, and financial account to a family member named below:

Name: _____

Name: _____

Name: _____

The above mentioned person(s) **will be required to provide ID** when picking up requested items.

Print Name: _____ Date of Birth: _____

Patient Signature: _____