Kirk Integrative Physical Therapy

16618 W 159th St, Suite 401 & 402, Lockport, IL 60441
Phone: **(815) 838-0529** ❖ Fax: **(815) 838-0652**
Website: **kc4hl.com**

PATIENT SERVICES AGREEMENT

PATIENT NAME: _____

RELEASE OF INFORMATION: I authorize Kirk Integrative Physical Therapy to release information, verbal and written, contained in my medical record, and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, related healthcare providers, assignees and/or beneficiaries and all other related persons. Information without patient identifiers may be used for quality assurance purposes.

PERMISSION FOR MESSAGES: I authorize Kirk Integrative Physical Therapy to leave messages -

About my treatment:

- ☐ on my voicemail or answering machine at my home
- ☐ on my voicemail on my cell phone
- ☐ on my voicemail at my work
- ☐ with another person

About my appointment times:

- ☐ on my voicemail or answering machine at my home
- ☐ on my voicemail on my cell phone
- ☐ on my voicemail at my work
- ☐ with another person

I have read this agreement and understand my obligations

_____ _____
Patient Signature Date

_____ _____
Patient Address Preferred Phone