

ART OF HEALING

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CONSENT FOR COMMUNICATION

I _____ allow the following people to talk with my health care provider, Stacey Stauber, PT regarding my physical therapy. They will have not access to my chart, only verbal communication.

1. _____ (relationship)_____
2. _____ (relationship)_____
3. _____ (relationship)_____

Signature of patient: _____ Date: _____