



McCall Method

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PATIENT/CLIENT INFORMATION CONSENT FORM

(A copy of the Privacy of Patient Information is available for reading prior to signing)

I have read and fully understand Lisa Ann McCall PT's Privacy of Patient/Client Information. I understand that Lisa Ann McCall PT may use or disclose any of my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of the services provided and any administrative duties related to payment or treatment. I understand that I have the right to restrict how my health information is used and how it is disclosed for payment, treatment, and administrative duties if I notify the company in writing. I also understand that Lisa Ann McCall PT will consider requests for restriction case by case, but doesn't have to agree to requests for restrictions.

I hereby consent to disclose and use my private health information for purposes noted in Lisa Ann McCall PT's Privacy of Patient/Client Information. I understand that I retain the right to revoke this consent by the notifying the company in writing at any time.

Patient/Client Name

Date

Patient/Client Signature