

Performance Over Pain

Patient Privacy Information

I give consent for Performance Over Pain, LLC to contact me in the following manner:

Home Telephone: _____

_____ Leave message with detailed information

_____ Leave message with call back number only

Work Telephone: _____

_____ Leave message with detailed information

_____ Leave message with call back number only

Cell Telephone: _____

_____ Leave message with detailed information

_____ Leave message with call back number only

Written Communication

_____ Mail to my home address

_____ Fax to _____

Email Communication

_____ Email Address _____

Disclosure to Family/Friends:

_____ Information regarding my treatment/care may be discussed or disclosed with the following individual(s): _____

Signature (Patient or Authorized Representative)

Date

I acknowledge I have received a copy of the Notice of Privacy Practices from Performance Over Pain, LLC. If there are any questions regarding this notice I can contact the office at (419) 872-1914.

Patient/Parent or Guardian Signature

Date

Witness Signature

Date