

1331 Lake Dr SE, Ste 105
Grand Rapids, MI 49506
(616) 248-9842



2500 East Beltline SE, Ste J
Grand Rapids, MI 49546
(616) 855-6588

Consent to Treat

I give Good Life Therapy my permission to perform rehabilitative treatment and care as prescribed by my physician and/or recommended by my physical therapist.

I understand and am informed that I have the right to have any questions answered about my treatment, prior to treatment, and have the opportunity to discuss my condition with the physical therapist.

HIPAA Consent

Good Life Therapy agrees to abide by stated federal and state HIPAA laws.

I understand I have the right to request a restriction of how my protected health information is used. If specific restrictions are requested, they must be presented in writing. I understand I may revoke this consent at any time, presented in writing, except for the information already used or disclosed.

I consent to allow Good Life Therapy to call my provided phone numbers and leave a message in reference to any items that assist in carrying out treatment or clinical care, or health care operations including appointment reminders, and insurance matters.

Good Life Therapy will abide by all HIPAA laws and agreements and will not share patient information with any non-pertinent personnel. However, Good Life Therapy has the right to share necessary information in cases of suspected abuse and/or in cooperation with federal or state authorities.

Patient Name: _____

Signature: _____ **Date:** _____
Patient, Parent, or Legal Guardian