



Health Point Physical Therapy Authorization Form

This signed form is a recognition that under HIPPA laws, Health Point Physical Therapy will only send necessary documents under the request of either;

1. Patient's doctor or primary care physician
2. Patient's Insurance company or any party who accepts my assignment

Your signature below is needed as in acknowledgement that you have been given a copy of Health Point Physical Therapy's Authorization form:

Patient Name (Print): _____

Patient Signature: _____

Date: _____