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www.MyAopt.com (website)
office@my.aopt.com (email)

Confidential Communication Authorization

Please specify who we may contact regarding your physical therapy matters or billing issues.

Home Phone

Give information to spouse	YES	NO	N/A
Give information to a parent/guardian	YES	NO	N/A
Give information to a child	YES	NO	N/A
Leave information on voice mail	YES	NO	N/A

Work Phone

Leave information on voice mail	YES	NO	N/A
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Cell Phone

Leave information on voice mail	YES	NO	N/A
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E-Mail

Email information to personal email	YES	NO	N/A
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Mail

Send information addressed to you (may include postcards)	YES	NO	N/A
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Patient Signature _____ Date _____