

Barrington Rehabilitation and Sports Physical Therapy
27401 W. Highway 22, Suite 107
Barrington, IL 60010
Phone: (847) 381-8812 Fax: (847) 381-6311

PATIENT AUTHORIZATION
FOR THIRD PARTY TO OBSERVE TREATMENT SESSION

Patient Name: _____ Birthdate: _____

I grant permission for _____ to attend my
physical therapy treatment session(s) at Barrington Rehabilitation on _____
Date(s)
for the purpose of _____.

I understand that I can revoke this authorization at any time.

Observer's Relationship to Patient: _____

Printed Name:	Signature:
Relationship:	Date:

REVOCATION OF AUTHORIZATION

I no longer give permission for _____ to attend my therapy sessions.

Signature: _____ Date: _____