



Pillars Physical Therapy  
and Wellness Center

2nd Floor, Suite D, 307 87th St.,  
87th Street Plaza Daly City, CA 94015  
Tel: (650) 550-0050 • Fax: (650) 550-0070  
www.pillarspt.com

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## PATIENT INFORMATION ACKNOWLEDGEMENT FORM

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I have read and fully understand Pillars Physical Therapy & Wellness Center's Notice of Information Practices. I understand that Pillars Physical Therapy & Wellness Center may use or disclose my personal health information for the purposes of carrying out treatment obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify this practice. I also understand that Pillars Physical Therapy & Wellness Center will consider requests for restrictions on a case to case basis, but does not have to agree to request for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Pillars Physical Therapy & Wellness Center's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

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Print Name

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Signature

\_\_\_\_\_

Date