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### Location of Services Permission

One of the benefits of partnering with Own Your Health Physiotherapy (OYHPT) to achieve your goals is the flexibility of where you receive our services. A trade-off for providing you this flexibility is, you guessed it, more paperwork. To maximize transparency and ensure proper permissions, we request all involved parties read, understand, and agree to the following policy for each location our services are rendered.

#### Location:

Location Type:

- Private Residence  Other \_\_\_\_\_
- Fitness/Sports Center
- Place of Employment

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Involved Parties

Patient:

I \_\_\_\_\_ consent to receiving services from OYHPT and its employees and/or volunteers at the above noted location.

Property Owner/Manager/Representative:

I \_\_\_\_\_ acknowledge that I have the legal authority to grant permission for OYHPT and its employees/volunteers to provide services on the above noted property and grant said permission. This permission extends from the date signed until one year later. If these permissions are to be revoked at an earlier date, written documentation signed by myself or another individual with the legal authority to revoke said permissions.

**By signing below, I acknowledge awareness, understanding and agreement with all policies stated above and authorize treatment from Own Your Health Physiotherapy.**

Signature of Patient or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner/Manager/Representative: \_\_\_\_\_

Date: \_\_\_\_\_

