



FOOT CARE PRACTITIONER
2418 HWY 72/221 GREENWOOD, SC 29649
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Consent for Treatment

I, _____, consent to the provisions of health and health related services. I understand that this care may include medical treatment, diagnostic testing, examinations, evaluations and rehabilitations of conditions or injuries. I acknowledge that no guarantees have been given to time as to the outcome of any examinations or treatment and all results of examinations and treatment is kept confidential.

I understand and agree that other health care professionals may assist or participate in providing care to me.

I understand that I have received a Step Wright, LLC Notice of Privacy Practices document and I give Step Wright, LLC and its designated staff permission to use my information as described in the Step Wright, LLC Notice or Practice Policies.

Consent to Call, Email, and Text

I understand and agree that Step Wright, LLC may contact me using automated calls, emails and/or text messaging sent to my landline and/or mobile device.

These communications may notify me of preventative care, test results, treatment recommendations, outstanding balances, or any other communications from Step Wright, LLC. I understand that I may opt out of receiving such communications from Step Wright, LLC and its partners by notifying Step Wright, LLC at yourhealth@stepwright.com.

Patient's signature _____

Date _____