



Patient Consent for Use and Disclosure of Protected Health Information

Exhibit 5

I hereby give my consent for One to One Physical Therapy, Inc. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (One to One Physical Therapy, Inc.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. One to One Physical Therapy, Inc. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to One to One Physical Therapy, Inc. Privacy Officer at 13550 Jog Rd, Suite 100, Delray Beach, FL 33446.

With this consent, One to One Physical Therapy, Inc. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, One to One Physical Therapy, Inc. may mail to my home or other alternative location items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, One to One Physical Therapy, Inc. may e-mail to my home or alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that One to One Physical Therapy, Inc. restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to One to One Physical Therapy, Inc.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, One to One Physical Therapy, Inc. may decline to provide treatment to me.

x _____
SIGNATURE of Patient or Legal Guardian Date

x _____
PRINT Name of Patient

x _____
PRINT Name of Legal Guardian (if applicable) Relationship to Patient