

Informed Consent for Physical Therapy Services

The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis, and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.

Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. PhysioinMotion, LLC, does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. It is very important to communicate with your treating physical therapist throughout your treatment.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I authorize the release of my medical information to appropriate third parties.

Financial Policies

All patients must recognize that they are responsible for the charges incurred for physical therapy. PhysioinMotion, LLC is a cash-pay clinic. All payment for physical therapy services must be rendered up-front prior to services and is non-refundable. However, if you need to reschedule an appointment, you may do so with 12 hours notice and no financial penalty. Missed appointments are a loss for everyone. Cancellations without adequate notice cannot be filled and take valuable time from other patients. You will not receive a refund or ability to reschedule your appointment if you do not show up to your appointment OR if you cancel with less than 12 hours notice. We will not submit to your insurance company for payment, but we can provide you a receipt for services rendered that you can submit to your insurance company for reimbursement consideration or for HSA reimbursement.

New Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

The Healthcare Insurance Portability and Accountability act of 1996 ("HIPPA") is a federal program, which requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPPA" provides penalties for covered entities that misuse personal health information.

We are required by law to maintain the privacy of your protect health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

As required by "HIPPA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health

care providers. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost- management analysis, and customer service.

I understand and have been provided, (see brochure at front desk), with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. If I have any further questions in regards to the Privacy Practices I can contact the privacy officer.

I understand that PhysioinMotion, LLC. is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that PhysioinMotion, LLC reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should PhysioinMotion, LLC change their notice, they will send a copy of any revised notice to the address I have provided.

I wish to have the following restrictions to the use or disclosure of my health information:

Ok to speak with: _____

I understand that as part of PhysioinMotion, LLC treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including via fax.

I fully understand and accept the terms of this consent

Patients Signature: _____ Date: _____