



## Therapy Consent Form

Patients Name: \_\_\_\_\_

**Consent:** I consent to and authorize Paramount Physical Therapy to administer physical therapy treatments. This consent and authorization include treatment provided by a licensed physical therapist, or physical therapist assistant. Care may be supported by qualified staff or students. All care and treatment (including students in training) will be under the supervision and direction of the physical therapist. I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions about my conditions answered prior to treatment. It is my responsibility to inform the physical therapist/staff about any health conditions or allergies that I have, as well as medications I am taking.

**Minor Patients:** The parent or guardian accompanying a minor is responsible for payment of services. Unaccompanied minors (under 18) will be denied non-emergency treatment, unless the parent or guardian has signed the "Consent to Treat Minor" form.

**Release of Information:** Paramount Physical Therapy releases patient health care information for purposes of treatment or payment, or to other health care organizations, as explained in our HIPAA Notice of Privacy Practice. I authorize the release of any medical or other information pertinent to my case to any insurance company, adjuster, or attorney involved in this case for the purpose of processing claims and securing payment of benefits.

**No Show/Cancel/Late Policy:** Cancellations with less than 24 hour notice may result in a \$50.00 fee. Not showing up for an appointment without communication may also result in a \$50.00 fee. Two consecutive missed visits without communication may result in discharge from care. Patterns of missed appointments consistent with non-compliance may also result in discharge. Arriving late for your appointment, may result in reduced treatment time. Paramount Physical Therapy understands that schedules are busy and may be disrupted. But we are asking for communication in such circumstances.

I understand that the practice of physical therapy is not an exact science and that no guarantees have been made to me as a result of treatments or examinations by the physical therapist or supportive staff. I understand that no contract, guarantee, warranty, or promise concerning the results of the physical therapy services is made.

The undersigned patient or Responsible Party acknowledges that he/she has read and agrees to the information printed above.

Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_