

Physical Therapy Consent Form



Consent to Treat:

I consent to rehabilitation and related services at:

All In Physical Therapy LLC (including students in training)

to administer physical therapy treatment under the direction and supervision 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. I know it is up to me to inform the physical therapist problems about my health or allergies I have, as well as medications I am taking.

Initials: _____

Treatment of Minors:

The parent or guardian accompanying a minor is responsible for payment of services.

Unaccompanied minors (under 18) will be denied treatment unless the parent or guardian has signed patient and financial responsibility forms. If I do not remain on the premises during treatment and waive any claim resulting failure to do so.

Initials: _____

Release of Information:

All In Physical Therapy LLC 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.

Initials: _____

Authorization of Payment:

If your account becomes delinquent, collection proceedings will occur and you will be 100% liable for any collection fees, attorney, and court costs incurred by All In Physical Therapy LLC to collect said fees from the Responsible Party. I assign benefits to All In Physical Therapy LLC to bill any insurance carriers or responsible parties on my behalf.

Initials: _____

Email Consent:

A valid email address is needed to access all the features of our Home Exercise Program (HEP) _____ by leaving blank you are opting out of these features.

If an email is provided may we also send our monthly newsletter to this address. Yes / No.

Initials: _____

I certify that all of the information provided on the consent form is true and correct.

Patient/Guardian Signature: _____