

Consent to Treat

Patient Name *(please print)*

Patient Date of Birth

Consent: I request and authorize physical therapy treatment as may be deemed necessary and appropriate by the physical therapist. This care may include all physical therapy modalities, exercises and manual therapy.

1. Release of Information:

I authorize HealthCORE Physical Therapy to release pertinent information and/or copies of medical records for treatment, payment or health care purposes. I understand that such information may include HIV, AIDS related complex, AIDS, hepatitis, substance abuse, psychiatric/psychological services records and social work records, if any.

2. Valuables:

I release HealthCORE Physical Therapy from the responsibility for all personal articles which I have with me during the time I am a patient at HealthCORE Physical Therapy (PT). I understand that HealthCORE PT is not responsible for clothing, glasses jewelry, money or other personal articles of value kept in my possession while I am a patient at HealthCORE PT.

3. Payment:

I assign and authorize payment from my insurance company directly to HealthCORE PT for any and all services rendered. I agree to pay, at the time of discharge, all charges not covered by my insurance company. I understand that it is my responsibility to pay HealthCORE PT all charges for therapy services rendered, irrespective of any disputes or disagreements between myself and my insurance company.

4. No Guarantees:

I am aware that the practices of physical therapy are not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of PT which I have hereby authorized.

I have read this form or it has been read to me and I am satisfied that I understand its contents. I further understand that this consent will be deemed continuing and I am free to withdraw my consent at any time.

Patient or Personal Representative Signature

Date

Signature of Witness

Relationship to Patient