PERFORMANCE
PHYSICAL THERAPY
AND SPORTS REHABILITATION

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Consent Form

Patient Name:_____ Date of Birth:_____

Please Initial:

_____**Consent to Treatment**: I consent to rehabilitation or Personal Training and related services at Performance Physical Therapy and Sports Rehabilitation. In doing so, I understand, acknowledge and affirm that such rehab and related services may involve bodily contact, touching, and/or direct contact of a sensitive nature.

_____**Cancellation Policy:** If I cancel or do not show for an appointment within 24 hours of the appointment date, I understand that I will be charged a $25 fee for Physical Therapy and $55 fee for Personal Training.

_____**Treatment of Minors**: I, as parent/guardian of a minor receiving treatment hereunder, do hereby agree and understand that I have been advised to remain on the premise during any such treatment, and waive any claim I may have resulting from failure to do so.

_____**Liability:** I know and agree that Performance Physical Therapy and Sports Rehabilitation is not responsible for loss or damage to personal valuables.

_____**Waiver and Release:** I hereby release, discharge, and acquit Performance Physical Therapy and Sports Rehabilitation, its agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive, or allow emergency and or medical services, including but not limited to ambulance service, Emergency Medical Technician, physician, or urgent care services.

_____**Authorization of Payment:** I hereby assign all benefits directly to Performance Physical Therapy and Sports Rehabilitation and authorize release of any medical records necessary to facilitate my treatment to process medical claims and as otherwise permitted or required in the Notice of Privacy Practices.

_____**Email Communication:** I elect to receive email or text communication from Performance Physical Therapy and Sports Rehabilitation under the following circumstances: Direct communication with my Physical Therapist regarding my care or health status Billing information in the way of statements, explanations, or receipts

_____**Notice of Privacy:** I have been informed of the location of the Performance Physical Therapy and Sports Rehabilitation privacy practices, located at www.performanceptandsport.com in the bottom right-hand corner of the home page. If I do not have access to the internet, I acknowledge that it is my responsibility to ask front office staff for this document.

_____**Benefit Information:** Upon your first visit to the office, you will sign a benefits information sheet based on the most current information provided to us. Per the insurance disclaimer, this information is not a guarantee of payment and subject to all applicable policy restrictions. Should this information be misquoted, we cannot be held liable. If you wish to call your carrier to verify your benefits our staff can provide you with assistance.

_____**Exceeding Authorization:** Certain carriers have restriction and limitations on Physical Therapy services. Therefore, it is the patient's responsibility to ensure these restrictions are not exceeded. Should these restrictions be exceeded patients will be granted the self-pay courtesy rate, per our current policy.

I certify that all the above information provided is true and correct. I hereby, authorize and instruct my insurance carrier to pay Performance Sports Therapy and Rehab directly for any physical therapy services performed. Additionally, I understand that I am financially responsible for payment of all co-pays, deductibles and balances not covered by my insurance carrier, provided my specific plan does normally pay for the services and/or products rendered to me by the medical providers at this facility.

Patient/Guardian Signature_____