

**Healing Hands Care Center**

**Physical Therapy Consent Form**

Document patient agreement for physical therapy sessions and care plans

**Section 1: Patient Information**

|  |  |
| --- | --- |
| **Full Name:** | *Name here* |
| **Birth Date:** | *Date here* |
| **Address:** | *Address here* |
| **Email:** | *Email here* |
| **Phone Number:** | *Contact number here* |
| **Insurance Provider(s):** | *Provider here* |
| **Policy Number:** | *123-4567-890* |
| **Emergency Contact:** | ***Name:*** *Name here* |
| ***Phone:*** *Phone here* |

**Section 2: Consent to Evaluation and Treatment**

Use this section to outline what the patient is consenting to. Confirm that a licensed therapist will explain all procedures in advance. Let patients know they can ask questions or withdraw consent at any time.

**Section 3: Insurance Authorization & Payment Responsibility**

Explain your clinic’s billing process and what costs the patient may be responsible for. This includes co-pays, deductibles, and out-of-pocket fees. Be as clear as possible to prevent misunderstandings.

**Section 4: HIPAA and Privacy Consent**

Let patients know their health information may be used for treatment, billing, and operations in line with HIPAA guidelines. Mention their right to review your privacy policy, request limits on sharing, or revoke consent in writing at any time.

**Section 5: Release of Information**

Use this section to get patient authorization to share their health information with insurance providers or other medical professionals as needed for billing or care coordination.

**Section 6: Missed Appointment and Late Cancellation Policy**

Outline your clinic’s policy on late cancellations and no-shows. Include any fees that apply and define what counts as a “late” cancellation.

|  |  |
| --- | --- |
| **Patient Signature:** | *Signature here* |
| **Date:** | *Date here* |
| **Guardian’s Signature (if applicable):** | *Signature here* |
| **Date:** | *Date here* |
| **Physical Therapist or Clinic Representative Signature:** | *Signature here* |
| **Date:** | *Date here* |

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for the photos



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