

CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my condition by a licensed physical therapist employed by or under contract with Clark Physical Therapy.

The physical therapist has explained to me the purpose of the evaluation and course of treatment. The physical therapist has informed me of the expected benefits and possible complications or discomfort, associated with physical therapy interventions such as; joint mobilization or manipulation, soft tissue work, manual therapy, electrical stimulation, ultrasound, manual traction, stretching, strengthening, exercise and/or postural correction. I have been given an opportunity to ask questions, receive education and my concerns have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Patient/Guardian signature with date: _____

Assignment of Benefits and Insurance Proceeds

I hereby authorize payment from my insurance company of medical benefits for services rendered to Clark Physical therapy by an assignment of benefits. The completion of Insurance forms and the assignment of insurance benefits do not relieve the undersigned of the obligation to pay the amount owed for Physical therapy including co-pays.

Signature with date: _____

Release of Information

I hereby authorize release of information necessary to file claims with my insurance company and information to my physician. I permit a copy of this authorization to be used in place of the original.

Signature with date: _____

Receipt of Privacy Practice and HIPPA

I have received a copy of Clark Physical therapy's privacy practices, HIPPA forms and have had an opportunity to ask questions.



Clark Physical Therapy

Happy Healthy Lifestyle