

Notice & Consent to Treat

Patient: _____

Today's Date: _____

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

By signing this form, you acknowledge that you have been offered a copy for review of Flexeon Physical Therapy Notice of Privacy Practices which is prominently displayed in the clinic and available on our website. This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice.

X _____ X
Patient/Guardian Signature Date

Relationship to Patient

GENERAL CONSENTS AND ACKNOWLEDGEMENTS

1. I consent to and hereby authorize Flexeon Physical Therapy, through its appropriate personnel to perform the evaluation, care and treatment procedures that are deemed necessary by my physician(s) and other healthcare providers I understand that no warranties or guarantees have been made to me about the outcome of my Care.
2. I understand that Flexeon Physical Therapy works with accredited academic institutions, through clinical affiliations, to provide healthcare professionals in training with hands-on patient care experiences and opportunities to apply learned skills to actual patient care. I further understand that such healthcare professionals in training may be involved in my Care.
3. I understand that Flexeon Physical Therapy will not be responsible for the loss, destruction or theft of any of my personal property. I take full responsibility for, and release Flexeon Physical Therapy from, any and all responsibility and/or liability for the loss, destruction or theft of my personal property.
4. I understand and acknowledge that Flexeon Physical Therapy lease or license real estate, equipment or other personal property (collectively "Leased Property") from third parties to perform the evaluation and treatment procedures that are deemed necessary by my physician and therapist in the treatment of my condition. In consideration of being permitted to make use of and/or have access to the Leased Property, I do hereby, on behalf of myself, on behalf of any minor or other person for whom I have requested such evaluation and treatment procedures ("Minor"), on behalf of my heirs, successors and assigns, and on behalf of such Minor's heirs, successors and assigns release and forever discharge any and all direct or beneficial owners of the Leased Property and their respective successors, related entities, directors, officers, employees, and agents (collectively, "Releases") from, and hereby waive and release, any and all claims, demands, actions, and causes of action whatsoever arising out of or in any way related to any loss, damage, or injury, including death, that may be sustained by me and/or such Minor in, on, upon, in connection with or while making use of the Leased Property, regardless of whether any such loss, damage, or injury is caused by the active or passive negligence of the Releases or otherwise and regardless of whether any such liability arises in tort, contract, strict liability or otherwise, to the fullest extent allowed by law. This paragraph does not release any claims, demands, actions, and/or causes of action against Flexeon Physical Therapy
5. I understand that I am not permitted to take pictures or make video or audio recordings at any Flexeon Physical Therapy location or clinic or of my care, other patients or Flexeon Physical Therapy personnel.
6. I understand that to ensure that patient inquiries are handled promptly, courteously, and accurately, some of the phone calls between Flexeon Physical Therapy (or any of its affiliates, agents, assigns and service providers) and me (or anyone I have authorized to speak with Flexeon Physical Therapy) may be monitored and/or recorded.
7. I understand and consent that Flexeon Physical Therapy may from time to time make calls and/or send text messages to any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me and/or the account holder. I understand and consent that the manner in which these calls or text messages are made may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing systems. I understand that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.
8. I understand and consent that Flexeon Physical Therapy may send emails to me at any email address provided to Flexeon Physical Therapy and/or use other electronic means of communication to the extent permitted by law. I understand that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.
9. I understand and acknowledge that my appointment times are scheduled in accordance with availability of professional staff. I understand that my appointment may be rescheduled by Flexeon Physical Therapy if I arrive more than 15 minutes late. I also acknowledge that Flexeon Physical Therapy requires 24 hours' advance notice of cancellation and that Flexeon Physical Therapy reserves the right to charge a \$50.00 cancellation fee if I fail to cancel an appointment at least 24 hours in advance.

X _____ X
Patient/Guardian Signature Date

Communication Preferences

Patient: _____

Today's Date: _____

Consent to Communicate to Others

I hereby authorize Flexeon Physical Therapy, through its appropriate personnel, to communicate with, _____ my (circle one) husband / wife / mother / father / son / daughter / significant other / friend regarding billing and payment for services rendered on my behalf. I understand that ATI will attempt to verify the identity of those I authorize to communicate regarding billing and payment by way of seeking confirmation of the answer the following questions:

1) Patient's mother's maiden name is _____.

2) City in which the patient was born _____.

3) Birthday of the patient is _____.

4) Name of patient's current pet is _____.

5) Zip code of the patient's mailing address is _____.

I wish to decline authorization for others to communicate with Flexeon Physical Therapy on my behalf.

X _____ X
Patient/Guardian Signature Date

Relationship to Patient