

Concierge Physical Therapists

LIABILITY RELEASE/CONSENT FOR TREATMENT

I recognize that I am suffering from a condition requiring physical therapy services and treatment. I hereby consent to the rendering of physical therapy services by Concierge Physical Therapists(CPT), as described to me or as my physician or CPT determines are necessary. I understand that the practice of physical therapy is not an exact science and that physical therapy treatment involves the risk of injury. I acknowledge that no guarantees have been made to me about the outcome of treatment. I voluntarily request the right to participate in CPT's physical therapy program. I do hereby discharge, release, and hold harmless CPT and any of its personnel participating in this rehabilitation program from any and all liability for damage of any kind or character resulting from any injury or condition that I may suffer, or may result from such a rehabilitation program. With Pelvic Floor PT, I understand that internal (vaginal or anal) work might be a part of my treatments, and is used for only medical purposes.

_____ (Initials)

DRY NEEDLING

Dry Needling is not acupuncture but uses acupuncture needles to effect a change in myofascial restrictions. Myofascial trigger points and tender points that appear in soft tissue, and are painful sites, reflect abnormal nervous system activity associated with many neuro-musculo-skeletal conditions that are treated. The procedure known as Dry Needling is an important tool for diagnosing, treating, and monitoring changes in myofascial trigger/tender points. During the procedure, a sterile, very thin, solid filament needle is inserted into tissue that may be associated with one or a number of your complaints. The number of needles and the frequency of the procedure will depend entirely on your condition at each office visit. There may be some discomfort and little to no bleeding with this procedure. While an infection is an unlikely event with this procedure, whenever there is penetration of the skin, there is a risk of infection. Other unlikely but possible events include fainting, soreness, pneumothorax (lung puncture). By initialing at the end of this paragraph you acknowledge understanding these risks and disclose if you have a fear of needles, a genetic bleeding disorder, a history of a blood disorder that can be transmitted to another person, are regularly taking any blood thinning medication (for example, Coumadin or Warfarin), or are regularly taking any pain relievers containing ibuprofen, NSAIDS, aspirin or acetaminophen (for example, Tylenol, Advil, Aleve, or Bufferin), please inform your physical therapist.

_____ (Initials)

CONSENT OF DISCLOSURE (HIPPA Release)

I hereby give consent to CPT to use and disclose my protected health information for the purposes of treatment, payment, and health care operations.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you or on your behalf, and delivered in person or by mail, but will only be effective when actually received. Your cancellation will not be effective to the extent that others or we have acted in reliance upon this consent.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment, or health care operations.

_____ (Initials)

REIMBURSEMENT OF INSURANCE BENEFITS

I understand that I am financially responsible for all charges. Any insurance reimbursement information quoted by CPT is just an estimate, and maybe different from what is received. I understand that I am responsible for all charges, even those not reimbursed from my insurance.

_____ (Initials)

CANCELLATION POLICY

I hereby agree to supply 24hrs notice for any and all cancelled appts. I agree that if 24hrs notice is not given to CPT for any cancellations I may be assessed a \$75 cancellation fee.

_____ (Initials)

X _____ (date) _____