

## INFORMED CONSENT FOR PHYSICAL THERAPY TREATMENT

The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation and intervention by use of rehabilitative procedures, mobilization, manual techniques, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before they are performed.

Since the physical responses to a specific treatment can vary widely from person to person, we cannot accurately predict or guarantee what your reaction will be to a particular treatment, nor can we guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. It is very important to communicate with your treating physical therapist throughout your treatment. It is your right to decline any part of your treatment at any time before or during your treatment session.

You will notify your physical therapist if you are pregnant, become pregnant, or are trying to get pregnant. You understand and are encouraged to communicate with a physician the potential benefits and risks of treatment relevant to your pregnancy.

### **Financial Agreement/Assignment of Benefits**

I authorize payment of medical benefits as determined by my insurance company directly to NOW Physical Therapy. I authorize the release of medical information relating to all claims for benefits submitted on behalf of me and/or my dependents, to NOW Physical Therapy. As a patient or legal guardian, I understand I am ultimately responsible to pay for all services rendered. Any money paid to me by my insurance company for services rendered and billed by NOW Physical Therapy shall be paid to NOW Physical Therapy immediately upon receipt. My signature below indicates that I have read, understand and agree to these terms.

Additionally, I have read, understand and acknowledge receipt of the following forms, and agree to their terms. My signature below acknowledges that I consent to physical therapy evaluation and treatment at NOW Physical Therapy.

(Initial)

\_\_\_\_\_ Practice Policies  
\_\_\_\_\_ Notices of Privacy Practices  
\_\_\_\_\_ Waiver and Release of Liability  
\_\_\_\_\_ Informed Consent for Physical Therapy Treatment  
\_\_\_\_\_ Financial Agreement

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Legal Guardian signature

\_\_\_\_\_  
Date

**WAIVER AND RELEASE OF LIABILITY**

In agreeing to receive care provided by any representative, current or future employee of NOW Physical Therapy, Inc., I agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by NOW Physical Therapy, Inc. and the physical therapy activities and equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives or employees of NOW Physical Therapy, Inc., the negligence of the participants, the negligence of others, accidents, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of NOW Physical Therapy, Inc., or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify NOW Physical Therapy, Inc. and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of NOW Physical Therapy, Inc.

I HAVE READ AND AGREE TO THE ABOVE WAIVER AND RELEASE OF LIABILITY. IT IS MY INTENTION TO EXEMPT AND RELIEVE CHRISTINE ROWELL AND NOW PHYSICAL THERAPY, INC. FROM LIABILITY FOR ANY AND ALL CAUSES SET FORTH HEREIN.

Client/Patient Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Client/Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Legal guardian signature if client is under 18)