

# F&S / Wellness Physical Therapy

## Patient Acknowledgement Form

\_\_\_\_\_ I agree and give my consent for F&S / Wellness Physical Therapy, Inc. to furnish me with medical care and treatments that are considered necessary and proper in diagnosing and/or treating my physical condition.

\_\_\_\_\_ I understand that there is a copy of the Notice of Privacy Practices available for me to read. The HIPAA Privacy Notice describes the Practice's obligation to ensure the privacy of my health information. I know that I have the right to review the Practice HIPAA Privacy Notice and to ask for clarification. I understand that the Practice is required to maintain the privacy of my health information in accordance with the terms of the HIPAA Privacy Notice.

\_\_\_\_\_ Auxiliary aids and services can be provided without cost upon request. A translator can be provided without cost upon request to communicate with your physical therapist.

\_\_\_\_\_ By signing this form I consent to the Practice use and disclosure of my health information for treatment, payment and healthcare operations. I understand that I have the right to revoke this consent at any time in writing, but if I do, my revocation will not have an effect on any actions the Practice has already taken reliance on this consent.

\_\_\_\_\_ I understand that I will be subject to a **cancellation fee** of \$25 if I do not call and cancel my appointment 24 hours before my scheduled time. I will also be subject to a \$25 fee if I do not show up for my appointment (no show).

\_\_\_\_\_ I hereby assign all physical therapy benefits including Medicare private insurance and third party payers to F&S / Wellness Physical Therapy, Inc.

\_\_\_\_\_ I voluntarily refrain from wearing heavy **perfumes or colognes** to my appointment so as not to disrupt treatment for patients that are asthmatic or sensitive to strong scent. Therapy is given in a small area so for this same reason I also agree to **bathe** before my appointment. I understand that if I do not have access to a shower at home I can come to my appointment early and will be able to use the shower at this facility.

\_\_\_\_\_ If you are a **shoulder patient**, wear a tank top so that the physical therapist is able to reach your shoulder without having you undress. If you are a **knee patient**, please wear shorts or sweats so that the physical therapist is able to reach your knee.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Date