

Date Today: _____

Name: _____

Date of Birth: _____

Privacy

BIOKINETIC Physical Therapy is committed to preserving the privacy of your personal and health information. We are required by law to protect the privacy of your medical information. We have available a detailed Notice of Privacy Practices which fully explain your rights and our obligations under the law. We may revise our notice from time to time. You have the right to obtain a copy of our most recent notice in effect. Please ask the front desk or your therapist if you wish to receive a full copy of the notice.

Initial _____

Assignment of Benefits

I hereby assign and set forth to BIOKINETIC Physical Therapy sufficient monies and/or benefits which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my medical care to cover the costs of the care and treatment rendered to myself or my dependents. I understand that I am financially responsible to BIOKINETIC Physical Therapy for charges not covered by this authorization.

Initial _____

Assumption of Risk

I understand that although BIOKINETIC Physical Therapy and staff take precautions to safeguard my health and safety, serious debilitating injuries can and do exist while participating in physical activity. I know that it is extremely important that I consider and be ever mindful of the risks that are involved in such activities as physical therapy. I feel comfortable with and accept these risks and hereby release BIOKINETIC Physical Therapy and its entire staff from any and all liability.

Initial _____

Consent to Receive Medical Care

I give authorization to BIOKINETIC Physical Therapy and/or its staff and agents to evaluate and treat me during my participation at the BIOKINETIC Physical Therapy facility (this includes immediate First Aid and treatment, physical exam, follow-up care, exercise and rehabilitation). I understand that any staff has the authority to prevent me from further participation because of an injury and/or because of any undue liability.

Initial _____

Attendance Policy

I understand that I am responsible for my appointed times and will give a 24 hour notice for cancellation or be subjected to a \$25 cancellation fee.

Initial _____