



Patient Consent and Information Form

Consent to Physical Therapy

- I hereby consent to the evaluation and treatment of my condition by a licensed physical therapist employed by North Austin Physical Therapy, LLC (to be referred to as NAPT). The physical therapist will explain the nature and purposes of these procedures, evaluation, and course of treatment. The physical therapist will inform me of expected benefits and complications, and any discomforts, and risks that may arise, as well as alternatives to the proposed treatment and the risk and consequences of no treatment.
- I consent to participate in physical therapy at NAPT I recognize that participation in physical exercise and rehabilitation may involve the use of exercise equipment and devices and poses potential risk of bodily injury or death.
- I hereby accept the responsibility for any harm, injury, or damage that may result from my participation in physical exercise and / or training. I hereby waive, release, absolve, indemnify, and agree to hold harmless NAPT for any claim arising out of any injury to me as a result of negligence or any cause. I voluntarily and knowingly acknowledge, accept, and assume these risks.

Payment and Insurance Benefits

- I authorize employees of NAPT to obtain and review my health insurance coverage in the manner that is available from my insurance company.
- I understand that my insurance benefits are only a quote of benefits and are not a guarantee of payment. I understand that it is my responsibility as a patient to know my insurance coverage.
- I acknowledge that I will be ultimately responsible for payment of services rendered at NAPT. I agree to pay in full any and all charges not covered by insurance or other benefits.
- I agree to pay my bill at the time of service unless other arrangements have been made. Deductibles and co-payments must be made at each visit. We collect a percentage of each visit or the entire fee until a deductible has been reached.
- I understand that balances older than 30 days from treatment discharge may be subject to additional collection and legal fees, as well as, interest charges of 1.6% per month.
- Please note, if you are seeking Cash Pay for service options, please speak with our Front Desk.

Release of Information

- I understand that NAPT may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment.
- I understand that I have the right to request restrictions, in writing, regarding how my personal health information is used and disclosed for treatment, payment, and administrative operations.
- I have read the "Notice of Privacy Practices" and understand that a copy of the notice will be provided to me upon my request.
- I understand that I may designate individuals to have authority to request medical records in writing and signed form at the front desk. Photo ID will be required.

Missed Appointment/Cancellation/No-Show Policy

- We ask that you make every effort to attend and be on time for your scheduled appointments to adhere to the plan of care set by your therapist.
- Please call our office ASAP if you cannot make it to a scheduled appointment. If you must cancel your appointment, please call 24 hours in advance ***or you will be charged a \$40 late cancel fee, no-show appointments will be charged a \$50.00 fee.***
- We want to work with you as much as possible. If we are able to reschedule you to another time/day within the same calendar week, no fee will be assessed.
- If you have 3 consecutive last-minute cancellations or no-show appointments, we will have to remove your recurring appointments from our calendar to allow for more availability for other patients.

By signing, Patient agrees & understands all items outlined above

Signature of Patient _____

Date _____