



## **PATIENT INFORMATION CONSENT FORM**

### **Consent to Physical Therapy**

By signing this form, you consent to the evaluation and treatment by a licensed physical therapist employed by Moving Forward Mobile Therapy. The physical therapist will explain the plan of care and discuss the proposed treatment that is necessary and proper for your current condition.

### **Payment**

Moving Forward Mobile Therapy does not have a relationship with any health insurance and is a private pay clinic. There are no insurance limitations, co-pays, deductibles or extra charges with this service. Medicare patients can only be treated for wellness or fitness and will be referred to a Medicare provider when appropriate.

By signing this, I authorize payment to Moving Forward Mobile Therapy for services by cash, check, credit card, FSA or HSA for the physical therapy or wellness services rendered.

### **HIPAA**

We understand that medical information about you and your health is personal and we are committed to protecting that privacy. We are required under the Health Insurance Portability and Accountability Act (HIPAA) to maintain your privacy of your health information, and to provide you the Notice of Privacy Rights and Practices if requested.

I understand that Moving Forward Mobile Therapy may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment and any other operational service related to the treatment.

Moving Forward Mobile Therapy has my permission to discuss my treatment and/or billing with:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
phone number

I have read and understand the about consents, payment agreement, privacy statement and designated individuals authorization above.

Patient Signature\_\_\_\_\_

Date\_\_\_\_\_