



### **Consent for Physical Therapy Treatment**

I hereby consent to evaluation and/or treatment of my condition by a licensed physical therapist employed by Align Therapy. I understand the physical therapist will fully explain to me the evaluation and course of treatment and the nature and purposes of procedures. I understand the physical therapist will inform me of the expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist will explain to me the risks of receiving no treatment.

I understand there is no guarantee the proposed course of treatment will improve my condition; and that it is possible, although unlikely, that the course of treatment may cause additional pain, discomfort or aggravate my condition. I understand I will be given the opportunity to ask questions and the physical therapist will provide answers to the best of their ability.

I agree to cooperate and participate in all physical therapy procedures to the best of my ability and desire, to comply with the plan of care as it is established by the therapist. I further agree to remit payments per my contract with my insurance carrier and upon receipt of an invoice for services rendered.

I understand I also have the right to decline any recommended treatment. If, at any time, I am unsatisfied with Align Therapy and its staff, I am encouraged to voice my concerns.

I understand that a fee of **\$50.00** may be assessed if I do not show for an appointment without canceling, or do not give at least **24-hour cancellation notice**. This fee will **not** be covered by insurance.

I confirm that I have read and fully understand this consent form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **Consent for Physical Therapy Treatment for Minor Child**

I hereby give my consent as parent/legal guardian for the minor child listed below to receive the same skilled physical therapy services as outlined above.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand the same "no-guarantee", "cooperation and participation", "financial responsibility" and declination of treatment" clauses, as listed above, apply for physical therapy treatment of the minor child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

