ITR
Physical Therapy

CONSENT FOR CARE AND TREATMENT

I, the undersigned do hereby agree and give my consent for the Institute for Total Rehabilitation, LLC, aka, **ITR Physical Therapy**, to furnish medical care and treatments to _____ (individual receiving care) considered necessary and proper in diagnosing or treating his/her physical and/or injury condition.

Patient/Guardian: _____ Date:_____

ITR personnel are authorized to leave message(s) at **HOME** on answering machine or with anyone who answers the phone and/or to contact patient at **WORK** about appointments on the account with **ITR.**
Yes _____ No _____

ITR personnel are authorized to call or fax patient data to **Referring/Treating Physician, PCP, and/or Physician's Assistant.**
Yes _____ No _____

ITR personnel are authorized to communicate to insurance company and/or its representatives including insurance adjustors and case managers about patient account or medical information that would assist decision making processes.
Yes _____ No _____

Patient/Guardian:_____ Date:_____

Cancellation and No-show Policy

If you are unable to attend your scheduled appointment, YOU MUST NOTIFY ITR, WITHIN 24 HOURS to reschedule. Failure to attend your session without notice WILL result in a $10.00 charge for each missed appointment (patient is responsible for payment regardless of insurance coverage) and due at next scheduled appointment. Failure to keep the appointments recommended by your physician will be reported to the appropriate parties in writing.
Please know that this policy was established because we care about your recovery and the Quality of your Care.
I acknowledge and understand this policy: (X)_____/_____
Patient Signature Date

HIPPA Privacy Practices

In signing this form, I acknowledge that I have reviewed the Notice of Privacy in its entirety and have had my questions answered thoroughly and to my satisfaction. I consent to the release of my protected health information for the purpose described in the Notice of Privacy Practices.

_____(X)_____ Date: _____
Printed Name **Signature**