



CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my condition by licensed physical therapist employed by or under contract with The PASS Program LLC.

The physical therapist has fully explained to me the nature and purposes of the procedures, evaluation and course of treatment, and has witness my signature of this consent in his or her presence.

The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

The physical therapist has explained that there is not guarantee that the proposed course of treatment will improve my condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition. I have been given on opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Patient/relative or guardian _____ / _____
Signature (Print Name)

Date _____
(Relationship, if signed by person other than client)

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed evaluation and treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physical therapist _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received The PASS Programs LLC Notice of Privacy Practices for protected health information.

Date: _____ Name of Patient: _____
Print Name

Signature of Patient/Personal Representative

Documentation of Good Faith Effort to Obtain Written Acknowledgment.

I made a good faith effort to obtain the patient’s written acknowledgment of our Notice of Privacy Practices for protected health information by (check all that apply):

- Showing the patient the Notice of Privacy Practices posted in our office.
- Giving the patient the Notice of Privacy Practices to read prior to receiving any treatment for service.
- Asking the Patient to sign this Acknowledgment form.
- Other (explain it detail) _____

I was unable to obtain the patient’s written Acknowledgment because (check all that apply):

- The Patient refused to sign this form.
- The Patient would not sign the form because the patient said he/she did not understand the Notice.
- Other (explain in detail) _____

Date: _____ Name: _____

Notes: This Acknowledgment must be retained in the patient’s permanent records.