

# Vail Physical Therapy

## Informed Consent for Therapy Services

PATIENT CONSENT TO TREAT: I authorize Vail Physical Therapy, LLC. to render appropriate treatment to me. I understand appropriate personnel will provide this treatment and that I have the right to refuse. I authorize Vail Physical Therapy, LLC. to obtain or provide emergency care if conditions warrant, during a treatment session and I am unable to give consent (CPR or emergency care).

A PATIENT HAS THE RIGHT TO: 1. Be informed of the nature of their condition, the proposed treatment and alternatives, and the expected results/risks of the proposed treatment to the best of their knowledge. 2. Be fully informed about the care and treatment to be furnished and participate in the planning and changing of care and treatment. This includes refusal of all or part of the proposed treatment after being informed of expected consequences of an activity. 3. Voice grievances regarding care and treatment that is or is not furnished. 4. Be informed of any experimental treatment and not receive such treatment.

VAIL PHYSICAL THERAPY HAS THE RIGHT TO EXPECT THE PATIENT TO: 1. Provide complete and accurate medical history and other necessary information in a timely fashion. This includes necessary billing information. 2. Read and ask questions about all forms and documents that are requested to be signed. 3. Participate in the development and review of the plan of treatment. 4. Adhere to the treatment plan developed by the physical therapist including home exercises. 5. Take an active role in identifying specific activities necessary for care. 6. Be present and on time for scheduled appointments. 7. Report undue stress and discomfort that may be elicited during a treatment in a timely fashion.

PATIENT INFORMATION ACKNOWLEDGEMENT: I have read and fully understand Vail Physical Therapy's Notice of Information Practices. I understand that Vail Physical Therapy may use my personal information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to payment or treatment. I have been given an opportunity to obtain a copy of Vail Physical Therapy's Notice of Privacy Practices should I ask for it.

I understand and agree to treatment at Vail Physical Therapy.

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Patient or Guardian of Patient

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Date