ELITE PHYSICAL THERAPY, LLC

8165 Cyprus Cedar Lane
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Phone: (410) 799-0818
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Conditions for Physical Therapy Treatment

Informed Consent

I wish to participate in physical therapy treatment as prescribed by my physician.

Confidentiality

All records and information gathered by Elite Physical Therapy, LLC will remain confidential between the undersigned patient, Elite Physical Therapy, LLC, the referring physician and/or any other relevant physicians, and the insurance company listed on the patient information sheet.

Medical information can also be disclosed to other parties with a signed consent form.

Medical Records Release

I authorize the release of any information for benefits submitted on behalf of myself and/or dependents that are necessary in the planning and implementation of my physical therapy program. I further expressly agree and acknowledge that my signature on this document authorizes Elite Physical Therapy, LLC to submit claims for benefits, for services rendered, or for services to be rendered. In order to ensure proper follow-up and continuity of care, I agree that a copy of my medical record may be released by my physician, a designated referral physician, and/or the provider, if any, who referred me here. I understand that this information will only be released to the appropriate professional personnel.

Cancellation Policy

Elite Physical Therapy enforces a cancellation policy. A $50.00 fee will be charged for missed appointments and appointments that are cancelled less than 24 hours before a scheduled appointment. Payment will be collected on the next scheduled appointment

Use and Disclosure of Protected Health Information

ELITE PHYSICAL THERAPY, LLC's "Notices of Privacy Practices" provides information about how we may use and disclose protected health information about you. You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, or health care operations. We are not required to agree to your restrictions, but if we do, we are bound by our agreement with you.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in trust on your prior consent.

Date	Printed Name	Signature