

# FAIRWAY PHYSICAL THERAPY

## **Patient Consent Form**

I hereby indicate my wish to be a participant in the rehabilitation program offered by Brett Richman.

I verify that my participation is fully voluntary, no coercion of any sort has been used to obtain my participation, and I may withdraw from treatment at any time.

I understand that the purpose of this program is to enhance my recovery from an injury or illness. I further understand that there exists the possibility that certain changes may occur during my treatment.

I understand that the facility administer maintains an open door policy and encourages patients to participate for any reason.

\_\_\_\_\_initials

## **Acknowledgement of receipt of Privacy Practices**

Fairway Physical Therapy reserves the right to modify the privacy practices outlined in the notice. I have read a copy of the Notice of Privacy Practices for Fairway Physical Therapy

\_\_\_\_\_initials

## **Insurance Authorization – Patient Release and Authorization**

I hereby authorize payment directly to Fairway Physical Therapy for the benefits due to me in my pending claim and/or Major Medical Benefits otherwise payable to me, but not to exceed the physicians and / or the facilities regular charges for therapy for this treatment period.

I further authorize the release of any medical information required by my insurance carrier

I understand that I am financially responsible for the charges not covered by this authorization. A copy of this authorization may be used in lieu of the original

\_\_\_\_\_initials

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth have been answered to my satisfaction. I will not hold the program or any of it's staff responsible for any errors or omissions that I have made in the completion of the forms (written or competed on the computer)

\_\_\_\_\_  
Patient signature (or person completing for patient)

\_\_\_\_\_  
Date