

Encompass Therapy, LLC

Consent/ Release of Information/ Financial Responsibility

Consent for Evaluation and Treatment: I do hereby consent to the evaluation and treatment by a licensed Physical Therapist at Encompass Therapy, LLC. It is my right to either accept or refuse any treatment offered to me. I also acknowledge that no guarantee has been made to me as to the results of the treatment offered.

Release of Information: I authorize Encompass Therapy, LLC to release any information to my physician and/or third party payor for its use in processing payment claims. The medical information may be written, photographic, video, or verbal. I understand that at any time I may revoke consent with written communication to Encompass Therapy, LLC.

Financial Responsibility: I understand that I am immediately responsible for the payment of Physical Therapy services. Encompass Therapy, LLC has agreed to assist in claim filing by providing billing codes and descriptions of services rendered. I acknowledge however, that I am responsible for filing and pursuing any third party payor claims.

Consent for photos: I do hereby consent for photographs and video to be taken and kept within my medical record to augment documentation of posture, movement, and progress.

Myofascial Release/Visceral Manipulation: Manual soft tissue techniques that require skin to skin contact are utilized in most therapy treatment sessions. The fascia system is a primary focus as it is a three-dimensional body system. Patients are asked to wear loose fitting clothing for ease of therapy techniques. Patients may feel sensations at different locations other than where the therapists hands are placed as everything is connected in the body. Communication is essential in order to elicit optimal results.

We require a 24 hour notice for all appointment cancellations. This 24 hour notice allows us to reschedule another patient in the slot you are not using. It allows us to provide quality care in a timely manner. If not provided with this 24 hour notice, we will charge you \$60.00. You will be billed directly. Thank you for your cooperation.

(signature)

(print name)

(date)