R.A.W. Iron, Strength Power and Physical Therapy
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rawironphysicaltherapy.com

PATIENT CONSENT FORM FOR PHYSICAL THERAPY

Dear Patient:

We are so pleased to have you as a new patient R.A.W. Iron Strength, Power, and Physical Therapy LLC! Physical Therapy involves the use of many different types of physical evaluation and treatments. We use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

PATIENT CONSENT FOR EVALUATION & TREATMENT

_____**Initial**: I consent to the evaluation and /or treatment of my condition and related services at/by R.A.W. Iron Strength, Power, and Physical Therapy LLC. I understand that the physical therapist will explain to me any potential risks, benefits and alternatives of treatment. I understand that there are no guarantees regarding cure or improvement in my condition. I understand that my physical therapist will outline and discuss the goals of physical therapy for my condition and review treatment options with me. I do hereby consent to such treatment by the authorized personnel of R.A.W. Iron Strength, Power, and Physical Therapy LLC as may be dictated by prudent medical practice by my illness, injury or condition. This is intended as a waiver of liability.

CONSENT FOR USE AND DISCLOSURE of Protected Information (HIPPA) / Notice of Privacy Practices

_____**INITIAL**: I understand that R.A.W. Iron Strength, Power, and Physical Therapy LLC will maintain confidential information about me that is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) in the course of providing my medical care and treatment. I consent to the use and disclosure of this information by R.A.W. Iron Strength, Power, and Physical Therapy LLC to other entities, other health care providers for medical treatment, diagnosis and consultation. I have been given the opportunity to review the Notice of Privacy Practices provided on a printed form which further explains the use and disclosure of protected information. I understand that the Privacy Practices may change in the future and revisions may be obtained from R.A.W. Iron Strength, Power, and Physical Therapy LLC. I understand that I may, in writing, request restrictions on the use or disclosure of this information.

_____**INITIAL**: I acknowledge that I have received R.A.W. Iron Strength, Power, and Physical Therapy LLC Notice of Privacy Practices (HIPPA).

AUTHORIZATION FOR USE OF ANSWERING MACHINE AND/OR VOICE MAIL

_____**INITIAL**: I acknowledge that I have been notified that R.A.W. Iron Strength, Power, and Physical Therapy LLC routinely attempts to contact patients during normal business hours and is occasionally unable to reach patients directly during that time. On these occasions our office leaves messages on answering machines or voice mail at numbers provided by our patients. Information that we may possibly disclose on your home, work or cell phone could include, but is not limited to, scheduling concerns or appointment information.

Patient or Authorized Signature /relationship **Date Signed**

Witness **Date Signed**