



Physical Therapy Consent to Treatment

Please read the following statements carefully and sign at the bottom indicating your understanding. Thank you for your cooperation.

1. Consent to Evaluation and Treatment

I hereby consent to the evaluation and treatment of my condition by Robert H. Baumgarten M.S., P.T.; FAAOMPT, licensed physical therapist.

2. Privacy Policy

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I have been informed by Carbon Creek Physical Therapy of its Notice of Privacy Practices containing a more complete description of the uses and disclosure of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization to obtain a current copy of their privacy practices.

3. Patient Responsibility

It is the patient's responsibility to inform Carbon Creek Physical Therapy, of all of the patient's medical conditions, treatments, and medications at their initial evaluation.

4. Cancellation Policy

If you must cancel or change an appointment, we request that you give us **24 hours notice** prior to your scheduled appointment time by calling (970 901-7684) or email (bob@carboncreekpt.com). There will be a **\$25.00** missed appointment fee if we are not given 24 hours notice for the first missed appointment. **Subsequent missed appointments** without 24 hours notice will be subject to a **\$50.00** missed appointment fee. We appreciate your understanding and cooperation.

My signature on this form indicates that I have read and understand each of the above patient policies of Carbon Creek Physical Therapy. I have addressed any concerns I have regarding these policies with Carbon Creek Physical Therapy. I further understand that by not signing this form I may be refused treatment, as they are essential to the functioning of Carbon Creek Physical Therapy.

Signature (Client or Guardian)

Date

Client Printed Name (or minor's name)