

Informed Consent

The following information is meant to provide you with information regarding the role of physical therapy in your rehabilitation as well as some clinic policies.

Physical Therapy is utilized to:

1. Identify, evaluate, prevent and reduce impairments, functional limitations, disabilities or changes in physical function or health status.
2. Restore, maintain and promote overall health, fitness and optimal quality of life
3. Alleviate pain

Physical Therapists are licensed medical professionals trained to evaluate, test and measure the function of the musculoskeletal, neurological and cardiovascular systems of the human body. Tests are administered to identify potential and existing problems. A wide variety of manual techniques, therapeutic exercises and activities, and/or modalities may be utilized to correct dysfunction with respect to strength, movement, function, posture and pain. Physical Therapy includes services rendered by support staff under the supervision and direction of the Physical Therapist.

Cancellation and No-Show Policy

Compliance with the prescribed Plan of Care is crucial to successful rehabilitation. However, it is understood that appointments may be missed to circumstances outside of a patient's control. As such, a **minimum 24-hour notice** is required prior to cancellation of initial and follow up appointments. **Three** consecutive cancellations will result in discharge from Physical Therapy.

A No-Show/No-Call will result in a loss of appointment for that week and discharge from Physical Therapy will result following **two** consecutive No-Shows. **A fee of \$25 may be assessed for missed appointments and will be the responsibility of the patient, not the insurance company.**

Payment Policy

As a courtesy, Rhode Island Rehabilitation will verify your benefits but, ultimately, it is your responsibility to understand your benefits and financial responsibilities for Physical Therapy treatment. In addition,

- Co-Pays are due at each visit
- Co-insurance and deductibles are due within 30 days of receipt of bill
- Please check with the front desk weekly for you balance
- Self-Pay and Direct Access payments are due at each visit
- Payment arrangements may be made, if necessary

Authorization for Medical Treatment

I hereby authorize the Physical Therapist in charge of my care to administer treatment and a plan of care as deemed necessary according to the referring physician or the Physical Therapist's diagnosis.

The following signature verifies that I have read and fully understand the policies of Rhode Island Rehabilitation and the HIPPA Privacy Notice.

Signature: _____
 Signature of Patient, Parent, Guardian or Legal Representative

Date: ____/____/____