

NAME of CLIENT: _____

CONSENT FOR CARE

The services to be provided to me by the Facility staff have been explained to me. I hereby consent to the staff of said program to periodically render health care. I understand that the plan of care may change and that such changes will be discussed with me. Instruction for my care will be explained to me and will become my responsibility in the absence of a facility staff member.

PRIVACY PRACTICES

I have been provided the Notice of Practice Practices for Versakinetic Therapy, LLC.

RELEASE OF INFORMATION

I authorize any hospital, nursing home, physician's office or health care facility where I have been a client to disclose any part or all of my medical record to the Facility. Also, I authorize the release of medical and other related information to appropriate facility staff and social/healthcare agencies and medical equipment/supply vendors whose services may be required in conjunction with the services provided by the Facility. I further authorize release to representatives of accreditation and regulatory bodies. I authorize information in my medical record to be released to authorized representatives of a medical insurance carrier for use in determining health care benefits payable to the facility in my behalf.

REQUEST FOR PAYMENT

I understand that I am responsible for all costs associated with these services provided by the Facility.

I understand that under Ohio State Law for Physical Therapy Practice that my primary physician or chiropractor will be notified of services being rendered by the Facility if I do not have a physician's order for care if I agree to do so. Do you wish to have the Facility notify your physician of you care being provided by VersaKinetic Therapy, LLC?

Please initial box: YES please notify my medical provider below

NO, please do not notify my physician/chiropractor

Please list the physician/nurse practitioner or chiropractor that you would like us to notify.

Family Physician or Chiropractor

Phone Number

Signature of Client or Representative

DATE Signed

Witness (Signature by Mark or Representative must be witnessed)

DATE Signed