COARSEGOLD PHYSICAL THERAPY

INFORMED CONSENT FOR PHYSICAL THERAPY

Dear Patient,

Physical therapy involves the use of many different types of physical evaluation and treatment. At Coarsegold Physical Therapy, 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.

Since the physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by Coarsegold Physical Therapy, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

_____	_____	_____
Patient Name	Patient Signature	Date

35324 Highway 41 Suite D, Coarsegold, CA 93614

COARSEGOLD PHYSICAL THERAPY, INC.

35324 Highway 41 Suite D
Coarsegold, CA 93614
559-641-5445

Patient Information

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____
Employer: _____
Work Phone: _____
Occupation: _____
How did you hear about us? _____

Emergency Contact Information

Name: _____
Phone: _____

Doctor Information

Referring Physician: _____

If Minor or Insured under another person

Name of insured: _____
Date of Birth: _____
(if different from above, please fill out below)
Address: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

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HEALTH QUESTIONNAIRE

		Yes	No	Details of "Yes" Answer
1. What condition are you seeking treatment for? _____				
2. Have you ever had Physical Therapy before?		☐	☐	
3. Have you ever had Physical Therapy for this condition?		☐	☐	
4. Have you had other treatments for this condition?		☐	☐	
5. Have you ever had:	Heart trouble?	☐	☐	
	Circulatory problems?	☐	☐	
	Nerve/Sensation problems?	☐	☐	
	Dizzy spells?	☐	☐	
	High Blood Pressure?	☐	☐	
	Trouble with your vision?	☐	☐	
	Trouble with your hearing?	☐	☐	
	Other serious illness?	☐	☐	
6. Do you have any metal implanted in your body?		☐	☐	
7. Do you have a pacemaker?		☐	☐	
8. Are you or might you be pregnant?		☐	☐	
9. Are you taking any medications?		☐	☐	
10. Are you currently having any medical tests?		☐	☐	

11. In general, would you say your health is: Excellent Very Good Good Fair Poor

12. What is your pain level?

0	1	2	3	4	5	6	7	8	9	10
No pain		min	min-mod	mod			mod-severe			worst pain ever

COARSEGOLD PHYSICAL THERAPY

PAYMENT INFORMATION AND CONTRACT

Coarsegold Physical Therapy, Inc. has been approved as an official Medicare provider. This means that we bill Medicare for you, we agree to Medicare rates, and Medicare will send your benefits directly to us. You agree to be responsible for any deductible, co-payment or other charges or items or services denied by Medicare.

If you have a supplemental insurance policy in addition to Medicare, we will also bill that carrier for you but not until after Medicare first sends us their portion of your benefits.

Medicare requires you to visit your referring doctor and to obtain a new prescription for your treatment every 30 days.

Medicare will generally pay for a certain number of visits per diagnosis before they begin reviewing your claims for medical necessity. These limits are sufficient to treat many routine conditions. If you reach the limits in the general guidelines published by Medicare and you, your therapist and your doctor all agree that it is necessary to continue treatment in order to complete your rehabilitation, at that time you will be required to sign Medicare's Advance Beneficiary Notice so that we can make special financial arrangements with you. While secondary insurance policies often pay the 20% co-payment not covered by Medicare, most supplemental insurance companies do not provide additional coverage beyond what Medicare deems medically necessary.

You understand that Coarsegold Physical Therapy will not accept the responsibility for collecting your secondary or supplemental insurance claim, or for negotiating a settlement for you, if a dispute arises between you and your secondary insurance company. Should such a dispute occur, you agree to pay your outstanding balance to Coarsegold Physical Therapy and then pursue reimbursement from your secondary insurance company thereafter.

If you find that you are unable to keep an appointment, please notify us at least 24 hours in advance.

I have read, understand and agree to the above payment procedures. I have received a copy of this contract, and agree that a photo static or facsimile copy of this document is as valid as the original.

_____	_____	_____
Patient/Guarantor Name	Patient/Guarantor Signature	Date

COARSEGOLD PHYSICAL THERAPY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Uses and Disclosures of Your Health Information

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment for your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of the Company. For example, information on the services you received may be used to support budgeting and financial law-enforcement investigations, and to comply with government mandated reporting.

Law Enforcement. Your health information may be disclosed to public health agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Require Your Authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information you may submit a written revocation of the authorization. However, our decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders.

Information About Treatments. Your health information may be used to send you information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Your Health Information Rights.
You have certain rights under federal privacy standards. These include:

***** The rights to request restrictions on the use and disclosure of your health information

***** The right to receive confidential communications concerning your medical condition and treatment
***** The right to inspect and copy your health information
* The right to amend and/or submit corrections to your health information
* The right to receive any accounting of how and to whom your health information had been disclosed
* The right to receive an printed copy of this notice

Our Health Information Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Our Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.

Requests to Inspect Protected Health Information

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form request access to your records by contracting the Company's Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have violated, you can contact the Company by sending a letter outlining your concerns to:

Privacy Officer
Coarsegold Physical Therapy, Inc.
35324 Highway 41 Ste D
Coarsegold, CA 93614

You may also file a written complaint with the Office of Civil Rights.

Effective Date: January 1, 2011

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Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to request that we restrict how PHI about you is used or disclosed.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. Signing this sheet also indicates that you have received a copy of our Notice of Privacy Practices on the date indicated.

If you have any questions regarding the information set forth in our Notice of Privacy Practices, please contact William Lapham, Privacy Officer at 559-641-5445.

I authorize Coarsegold Physical Therapy, Inc. to release my medical information to the following individual(s) (family, relative, friend, etc.)

Name_____ Relation_____
Name_____ Relation_____
Name_____ Relation_____

_____ _____
Patient or Representative Signature Relationship If Other Than Patient

_____ _____
Printed Patient Name Date

_____
Witness/Employee