

Welcome and thank you for choosing Forged Athlete!



FORGED ATHLETE

Please read all of the following information carefully and please don't hesitate to call or speak with us prior to your appointment if you have any questions. Our phone number is (206) 317-4397

PRIVACY POLICY

I understand that Forged Athlete PLLC will maintain my privacy to the highest standards and may ONLY use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

Please identify in any individuals or entities (name/relation) which you do NOT want information disclosed to:

I authorize Forged Athlete PLLC to release all medical information and/or records to my requesting insurance company and/or referring physician.

Patient Signature: _____ *Date:* _____

I acknowledge that I was provided with a copy of Forged Athlete PLLC's Notice of Privacy Practices. I have read and understand the Privacy Practices.

Patient Signature: _____ *Date:* _____

CONSENT TO TREATMENT

Forged Athlete PLLC is a hands-on physical therapy clinic. Though highly specialized, treatment may consist of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of electrical stimulation, deep tissue massage, therapeutic exercise programs, therapeutic activities, neuromuscular re-education, myofascial release, bone and soft tissue manipulation, as well as other treatment modalities

may be used. Some of the hands-on treatment techniques require deep pressure which may cause bruising and periods of increased soreness which may last from 6-72 hours. Your therapist will review your plan of care & discuss these treatment options with you in order for you to provide specific consent.

Symptoms may also change and move to other parts of the body. This is not unusual and is rarely a concern; however, please ask if you have any concerns or questions. The number of treatments needed, and recovery time can vary due to the age of injury, number of times injured, age of patient and many other contributing factors.

I consent to evaluation and treatment for physical therapy and/or personal training. I understand the above statements regarding Consent to Treatment and that I may ask questions about all aspects of my plan of care, diagnosis, prognosis, alternative treatment options, and benefits/risks of treatment. I agree to inform my therapist of any changes in symptoms so that my treatment plan may be adjusted accordingly. I understand that I may decline treatment at any time by informing my PT of my desires/concerns and that my refusal may result in a change in my plan of care or termination of my treatment if it is determined that the refused intervention is essential to meeting my goals or no other treatment alternative is available. I understand that although rehabilitation goals will be set, my PT has made no guarantees that any specific outcomes will result from the therapy interventions.

Patient Signature: _____ *Date:* _____

CANCELLATION POLICY

To assure you receive the greatest benefit from your therapy, consistent attendance & participation in your plan of care are essential. As a courtesy to other patients and our Therapists, **we require a 24-hour (or greater) notice for cancellations.** This allows others on waiting lists to be seen. Only emergencies or illnesses are excusable. Special circumstances will be considered. **Patients who violate this policy will be charged the 100% of the cost of their visit.**

PAYMENT/BILLING POLICIES

Forged Athlete PLLC is a fee-for-service clinic. This means that **payment is due at the time services are rendered** and we will not bill your insurance company. We can, upon request, provide receipts, also known as a "Superbill", with diagnosis and treatment codes which you may choose to submit to your insurance company. If further reports or documentation are requested, these will be provided. We accept cash, personal checks, and credit cards.

Medicare is not accepted as a 3rd party payer at Forged Athlete PLLC. If you are covered by Medicare and are interested in discussing options for treatment & billing, please contact our front office.

Given you will be paying at the time of services, if your insurance company reimburses our clinic, these monies will be returned to them. **If you have purchased a package, the visits will expire 1 year from the date of the initial evaluation.**

I have read and fully understand the above statements referencing Cancellation Policy and Payment/Billing Policies. I understand the nature of the treatments at Forged Athlete PLLC. I authorize Forged Athlete PLLC, and the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery.

Patient Signature: _____ *Date:* _____

PHOTO/VIDEO CONSENT

I authorize the clinic and its associated health professionals to collect and publish photos and/or videos of my treatment. These photos/videos would be used for promotional and informational marketing material.

- I Agree
- I Disagree