



At Seattle's Elite Physical Therapy, we consider your health and wellness our top priority and we hold ourselves accountable to the highest standard of care. We need your help to do so. In consideration of all our patients and staff, we ask that you understand and abide by the following policies to ensure the best possible care.

### **Informed Consent**

Physical therapy involves the use of many different types of physical evaluation and treatment to try and improve an individual's function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy. The physical response to any treatment can vary widely from person to person; it is not always possible to accurately predict your response to a certain treatment. We are not able to guarantee what your reaction to a particular treatment might be, nor can we guarantee that a treatment will help your condition. There is also a risk that your treatment may aggravate previously existing conditions, cause discomfort, pain or injury. We encourage you to 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 before or during your treatment session.

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### **Authorization of Use and Disclosure for Private Health Information**

We will not share ANY of your private health or personal information with anyone, without consent. If you consent to us sending or communicating your physical therapy information to any other party, please note the allowed party below:

Name(s):: \_\_\_\_\_

Relationship(s): \_\_\_\_\_

### **Schedule Accountability Policy**

Consistency is a cornerstone of Physical Therapy. In our efforts to continue to provide a vital and restorative service to the people of our community, we must incorporate these rules out of fairness to our staff and all patients, and their schedules. In short; keep your appointments and show up on time.

- ❖ If you need to cancel your appointment within **48 hours** you will be charged a **\$75 fee**.
- ❖ If cancellations or rescheduling become a recurring issue, there will be an increased fee of \$100 per visit for those patients that cancel or reschedule greater than 4 times.
- ❖ If you do not show up to your appointment, a fee of **\$100** will apply because that is a missed opportunity for us to treat someone else.
- ❖ If you call us within 3 hours of your appointment this will be **\$100 fee** as we are not able to get these appointments filled at the last minute.
- ❖ These fees are NOT billable to your insurance company.
- ❖ Appointments may be canceled or rescheduled on [Seattleselitept.com](http://Seattleselitept.com) or by calling our office.
- ❖ We need our Patients to be on time for their appointments. If you are running more than 10 minutes late to your appointment you will need to be rescheduled and the above policy will apply.

I have been advised and I fully understand and agree to the above policy.

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### **Financial Obligation**

I hereby assign to Seattle's Elite Physical Therapy, Inc the release of any and all benefits from an insurer, third party payer, or other payer and authorize that such benefits be paid to Seattle's Elite Physical Therapy, Inc for services provided by Seattle's Elite Physical Therapy, Inc. I attest that, it is my sole responsibility to understand my insurance policy and regardless of insurance coverage, **I am** responsible for the balance of my account. All account balances are due within 30 days of services rendered. If the balance is not paid within 30 days of the date of service, the balance will accrue a charge of 1% each month. I agree to allow Seattle's Elite Physical Therapy, Inc to save my payment information in my account e-file for any payment responsibilities.

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I, \_\_\_\_\_ I have been advised and I fully understand and agree to the above listed policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date