

## Consent and Policies

**Privacy:** I understand that Julie Kay, LLC; Mend Physical Therapy will maintain privacy to the highest standards and may 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 related operations related to treatment or payment.

\_\_\_\_\_ Initials

**Payment:** Julie Kay, LLC; Mend Physical Therapy does not bill third party payers including medical insurance and automobile insurance. We are not Medicare providers, we do not bill Medicare nor can we accept patients who intend to bill Medicare. We do not wait for settlements from attorneys. Payment is expected at the time of service.

\_\_\_\_\_ Initials

**Cancellation Policy:** If you need to cancel please give a 24-hour notice, otherwise you will be charged \$35.00 for the visit. We realize that there may be times in your life that you are unable to do this, thus we will waive the fee 1 time. \_\_\_\_\_ Initials

**Consent to treatment:** Physical therapy involves different types of evaluation and treatment, which may include exercise and hands-on techniques. Through the modalities we use, evaluation and mutual communication our goal is to help you meet your goals. Our goal is to get you moving with less pain.

Physical therapy can have many benefits including increased strength, flexibility, body awareness, endurance and improved ability to perform daily activities with less pain. One may have less pain and improved knowledge about your condition with treatment.

Since people react differently to different types of treatment, it is not always possible to accurately predict your response to treatment. Nor can we guarantee if treatment will help the condition in which you are seeking care. There is inherent risk in exercise, treatment modalities and manual techniques, it may cause pain, injury or aggravate a previous injury.

You have the right to refuse treatment at any time. You have the right to ask questions about the type of treatment you are receiving including the benefits and risks.

**I have read the above statement and consent to physical therapy evaluation and treatment.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date