

**ENJOY PHYSICAL THERAPY REHABILITATION PC**

**6 E 39th St, Suite 402, New York, NY 10016**

**Tel: (347) 614-4534**

**HIPAA Compliance:**

Patient authorizes ENJOY PHYSICAL THERAPY REHABILITATION PC to provide initial and updated reports to all providers listed in the initial confidential form or other health care providers in accordance with my care in order to inform them about my condition, treatment, and any possible intervention. Patient authorizes ENJOY PHYSICAL THERAPY REHABILITATION PC to contact the patient by phone, e-mail, or mailing address that was provided for any medical, financial, or health related topics relevant to the patient's care. Patient understands that the patient may inspect and receive copies of their records within 30 days of a written request. Patient may request changes to their personal records on file. This office maintains a history of protected health insurance disclosures that are accessible to the patient. Any revision of this notice will be displayed in a clearly visible area in the office. The patient may ask for a copy of their own. Patient may file a complaint about any privacy violations. Patient's medical, personal, and financial information provided may be disclosed to their health insurance company, law enforcement agencies, and public health agencies as it is mandated by law for the purpose of audits of investigating, approvals, pre-certification, and requests for payments.

**Informed Consent to Treatment:**

I hereby request and consent to the performance of physical therapy interventions or other medically necessary procedures on me (or on the patient named below for who I am legally responsible) done by the physical therapist in this office. I have had an opportunity to discuss with the physical therapist in this office the nature and purpose of the treatment. I understand that results are not guaranteed and am informed that in the practice of medicine there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations, and sprains. I do not expect the physical therapist to be able to anticipate and explain all risks and complications and I wish to rely upon the physical therapist to exercise judgment during the course of the procedure in which the physical therapist feels right at the time, based upon the facts known to them, is in my best interest. I have been informed of alternatives to receiving the health care services proposed in my treatment plan, including no treatment at all, and have agreed to move forward with the proposed plan of treatment. I have read or have had read to me the above consent. I have had an opportunity to inquire about this consent and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition for which I seek treatment. All of my questions have been answered concerning the proposed plan of treatment to my satisfaction. By signing this informed consent, I agree to hold harmless ENJOY PHYSICAL THERAPY REHABILITATION PC, its members, its owners, employees, and contractors from all professional and personal liability, negligence, or other legal liability.

I understand this consent agreement and have executed it freely and willingly.

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**Patient / Guardian Name (PRINT)**

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**(SIGNATURE):**

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**DATE:**

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**Provider Name (PRINT)**

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**(SIGNATURE):**

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**DATE:**