

## **Parmenter Physical Therapy Policy and Procedures**

**Financial:** Payment is due at the time of service. There will be a \$50 cancellation fee charged for cancellations less than 24 hours prior to the scheduled appointment. The therapist will decide when this is appropriate. If you purchase a package, it remains valid for six months from the date of purchase.

**Informed Consent:** I request and consent to the performance of physical therapy services for myself or for the person listed below for whom I am responsible. These services include evaluation, assessment, and treatment of your orthopedic condition. Treatment options can involve manual therapy, the use of modalities, and exercise plans, all of which are allowed under California Physical Therapy state licensure. I acknowledge that there is no guarantee regarding the outcome of the treatment. I also acknowledge that there are potential risks to physical therapy treatments, as in all medical practices. Although uncommon, possible risks include worsening symptoms, fractures, strokes, as well as sprains or strains. I do not expect the physical therapist to be able to predict all risks and complications but wish to rely on their ability to exercise professional judgement during the course of my care to make decisions, based on the facts that are known, in my best interest.

**Record Release:** I authorize Parmenter Physical Therapy to release and furnish any information related to the care of my present injury to other medical professionals whose care I am under, upon my request.

**HIPPA:** Our practice is to keep your personal and medical information private. It will not be shared on the internet or in the office. Medical records and information will be provided to other medical professionals only if you request them.

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Patient/Guardian name (please print)

Signature

Date

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Name of minor/conservatee