

Wisdom Traditions Wellness, LLC
Physical Therapy Consent to Treatment Form

Please carefully read the following statements and sign at the bottom indicating your understanding. If you have any questions direct them to your therapist. Thank you.

I. Consent to Evaluation

I hereby consent to the evaluation of my condition by a licensed physical therapist employed by Wisdom Traditions Wellness, LLC.

II. Consent to Treatment (initial after evaluation)

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosure of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization to obtain a current copy of their privacy practices.

III. Patient Responsibility

- It is the patient's responsibility to inform Wisdom Traditions Wellness, LLC of all medical conditions, treatments, and medications at their initial evaluation.
- It is the patient's responsibility to inform Wisdom Traditions Wellness, LLC as soon as possible if there has been any change in medical or insurance status.
- It is the patient's responsibility to inform Wisdom Traditions Wellness, LLC if the patient is under the influence of any substance that may affect the safety of their treatment or injure someone else's treatment (drugs, alcohol, blood thinners, etc.).

My signature on this form indicates that I have read and understand each of the above patient policies of Wisdom Traditions Wellness, LLC. I have addressed any concerns I have with these policies with the therapist. I further understand that by not signing this form I may be refused treatment, as they are essential to the functioning of Wisdom Traditions Wellness, LLC.

Signature (Client or Guardian): _____ Date: _____

Client Printed Name: _____