

NOTICE OF PRIVACY PRACTICES

I, the patient, authorize the Provider, **Physical Therapy Masters, LLC**, to use and disclose my health information as required for the treatment, payment and health care operations as described in the Notice of Privacy Practices. I understand that as a patient, a copy of the Notice of Privacy Practices is available to me upon request.

Initial Here _____

CONSENT FOR TREATMENT

I, the patient, hereby consent for therapy from **Physical Therapy Masters, LLC**. I understand that my session(s) may require the application of a variety of manual and energetic techniques. In general terms, the nature of these procedures involve non-invasive touch and modalities to various parts of the body for the purpose of enhancing its functionality. I realize that the particular outcomes of these treatments, individually and jointly, cannot be predicted with certainty and no guarantee is made regarding any particular result or outcome. I also understand that the risks associated with this procedure are the same as or similar to those occurring when a body is touched by another, including reddening of skin, bruising, soreness, headache, fatigue, pain, loss of or increased sensation or functioning of organ or limb, and other such risks.

Treatment will require a prescription from a medical physician, dentist or podiatrist. If during the evaluation or future sessions, a condition arises that requires medical attention, **Physical Therapy Masters, LLC**, will make a referral to the appropriate medical professional. I understand that session(s) will be terminated and that it is my responsibility to seek medical attention. However, I understand that it is my responsibility to actively pursue appropriate medical attention and that **Physical Therapy Masters, LLC**, is not responsible for selecting the medical professional, making the appointment or otherwise pursuing such medical treatment on my behalf.

I acknowledge that disclosure of information has been made and that all questions asked about the procedure(s) have been answered in a satisfactory manner, including the specifics regarding the varied techniques and possible risks.

Initial Here _____

Signature of Patient or Legal Guardian

Date