

STRENGTH AND MOBILITY LAB, PLLC

SERVICE AGREEMENT

In agreeing to use the Strength and Mobility Lab, PLLC (“Strength and Mobility Lab”) services and facility, I agree as follows:

Consent to Treatment

1. I have presented myself to this facility for physical therapy treatments or health and fitness instruction. I consent to the care (history, physical examination, treatment, etc.) that will be provided by my therapist.
2. I realize I have the right to refuse any treatments or procedures to the extent permitted by law. I acknowledge that the delivery of healthcare does not guarantee results of any treatments at this facility.
3. I understand that information from any record(s) kept by this facility may be used for educational, administrative, and/or facility approved purposes, for which my personal identity will not be revealed.
4. I understand that this facility is an out-of-network, cash-for-services only, and this facility does not accept payments by any insurance company. Therefore, I acknowledge that I am financially responsible for all services provided by this facility.

Photo/Video Authorization

I understand that Strength and Mobility Lab may photograph, record audio or video, or otherwise record participant’s use of the facility. In exchange for my use of the facility, I understand, acknowledge, and agree that I may be photographed, recorded on audio or video, or otherwise recorded and hereby agree and consent for all purposes to the sale, reproduction, and/or use in any manner of any such photograph, audio, video, or other recording or depiction of my likeness and/or voice whatsoever by Strength and Mobility Lab and any nominee or designee of Strength and Mobility Lab, including without limitation any agency, client, periodical or other publication, in all forms of media, whether now or hereafter devised, throughout the world and in perpetuity, and in all manners, including without limitation advertising, trade, display, editorial, art, and exhibition. I further understand and agree that any such photograph, audio, video, or other recording or depiction of my likeness and/or voice may be modified, altered, cropped, and combined with other content such as images, video, audio, text, and graphics, and hereby waive any right that I may have to inspect or approve any finished image, video, or audio containing a depiction of my likeness or voice. I further agree that Strength and Mobility Lab may use any information gathered in this form or through my use of the facility for any purpose, including without limitation research, product and program improvements, and statistical purposes. I agree to hold harmless and indemnify Strength and Mobility Lab from and against any and all liability, damage, loss, and/or claims of any kind or nature whatsoever, including, without limitation, any and all claims and demands relating to libel, invasion of privacy, and violation of publicity rights. I agree to waive any right to compensation for the use of my images or recordings as described above.

However, Strength and Mobility does respect the privacy of its participants, and if I wish to decline the use of my images or recordings from being published, displayed, or used for promotional purposes, I may exercise my right to do so.

Initial: _____ **Agree** or _____ **Decline**

Notice of Privacy Practices

I acknowledge that Strength and Mobility Lab will not disclose any of my personal or health information without my express written consent. I understand that Strength and Mobility Lab will only release my health information to me, and shall, upon my request, provide me with a copy of my health records pertaining to services received at Strength

and Mobility Lab. Strength and Mobility Lab will not share my health information to my physician, my insurance company, or any third party. I understand that I may discuss my concerns and/or any questions I have concerning this Privacy Notice with a Strength and Mobility Lab representative.

Patient/Client Financial Responsibility

1. I understand and acknowledge that Strength and Mobility Lab is a fee-for-service entity and payments are made when appointments are booked, and not after services are rendered.
2. I acknowledge that I am entitled to a full refund if I cancel my scheduled appointment with a minimum of 24-hour notice. I understand if I cancel within 24-hours of my scheduled appointment time, there will be a \$50.00 late-cancellation fee subtracted from my refund.
3. I understand that if I fail to show up to an appointment, I will forfeit my full refund amount. Additionally, I understand if I have two (2) consecutive no-shows, any future appointments will be cancelled by the Strength and Mobility Lab.
4. I understand that if I am late for a scheduled appointment time, my session time may be shortened in order to keep Strength and Mobility Lab on schedule. I acknowledge that if I am late, I am not entitled to any refund amount nor am I entitled to make up the late time in another session.

Communication

I consent to receive information (such as appointment reminders, patient surveys, and other information relating to services provided to me) via text, phone, and email.

I HAVE READ, UNDERSTOOD, AND AGREE TO COMPLY IN FULL OF THE TERMS AND CONDITIONS OF THIS SERVICES AGREEMENT IN ITS ENTIRETY.

Name of Participant

Date: _____

Signature of Participant

If Participant is Under 18 Years of Age:

Name of Parent or Legal Guardian

Date: _____

Signature of Parent or Legal Guardian