

Frankfort Physical Therapy, LLC.

7777 W. Lincoln Hwy * Frankfort, Illinois 60423 * (815)806-8777

As a patient of Frankfort Physical Therapy, LLC. You have the:

- Right to choose an advance directive, including withholding resuscitative services, to designate the kind of care you wish to receive should you be unable to express your wishes.
- Right to confidentiality of your medical information
- Right to privacy and security
- Right to express complaints, and timely resolution of complaints
- Right to refuse recommended treatment and be advised for the probably consequences of your decision.
- Responsibility to provide honest and complete information to facilitate effective treatment
- Responsibility to keep scheduled appointments
- Responsibility to know hat medication you are taking, why you are taking it, and the proper way to take it.
- Responsibility to ask questions and seek clarification until you fully understand the care you are receiving.
- Responsibility to pay all applicable co-payments at the time service is rendered

I have an advanced directive: Yes No

I have read and understand the above Rights and Responsibilities:

SIGNATURE: _____ **DATE:** _____

Consent for Treatment

I hereby authorize the physical therapist of Frankfort Physical Therapy, LLC. And technicians under their supervision and direction to conduct such examinations, administer treatment, as they deem necessary or advisable. I hereby authorize the release of any information acquired by this office during the course of my examination and/or treatment to my employer, prospective employer and/or insurance carrier as required.

SIGNATURE OF PATIENT/GAURDIAN: _____ **DATE:** _____