Resilient Physical Therapy, LLC

Consent to Treatment

I, _____, hereby voluntarily consent to receive physical therapy services provided by Resilient Physical Therapy, LLC, by a licensed physical therapist authorized to practice in the Commonwealth of Virginia.

I understand and acknowledge the following:

• Services are provided on a cash-pay basis and are not billed to insurance.

• Payment is due in full at the time services are rendered. A superbill may be provided upon request.

• Physical therapy services may be delivered in my home or at another mutually agreed-upon location.

• My participation in physical therapy is voluntary, and I may withdraw consent and discontinue treatment at any time.

• My personal health information will be maintained in accordance with applicable federal and state privacy laws, including HIPAA.

Liability Waiver

I agree to hold harmless Resilient Physical Therapy, LLC, from any claims or injuries that are not the result of negligence or professional misconduct. I attest that the information I have provided is true and complete to the best of my knowledge.

By signing below, I acknowledge that I have read, understand, and agree to the terms outlined in this consent.

Client Name (Printed): _____

Client Signature: _____ Date: _____