Patient Consent for Use and Disclosure
of Protected Health Information

1. CONSENT: I consent to physical therapy services with Monarch Physical Therapy, Inc. If I have any questions about my care, I will ask the physical therapist about them. It is up to me to inform the therapist about any medication changes or changes in my medical history.

I give the therapist permission to provide Telehealth services if in-person visits are not possible or if it is best for my particular condition. I give the therapist permission to take photos and will be used for comparison of treatment effectiveness. They may be shared with my physician if a clinical decision needs to be made.

1. RELEASE OF INFORMATION: I authorize the release of any medical or other information pertinent to my case to any insurance company, adjustor, or attorney involved in this case for the purpose of processing claims and securing payment of benefits from Monarch Physical Therapy, Inc., as explained in our HIPAA notice of Privacy Practice. I also authorize release of medical information and records to Monarch Physical Therapy, Inc from any healthcare, imaging or hospital facility or office, to assist in my treatment.
2. INSURANCE: I authorize Monarch Physical Therapy, Inc. to review my insurance coverage with my insurance company. I understand that my quoted benefits are an estimate and not a guarantee of payment. I know it is my responsibility to know my insurance. I authorize payment of my insurance benefits to be made directly to Monarch Physical Therapy, Inc., and that I am responsible for any uncovered portion of my bill. Furthermore, I understand I am responsible to inform this practice of any changes that occur in my medical coverage. If you are a Medicare patient, and you are currently receiving (or recently received) HOME HEALTH services, please let us know.
3. NO GUARANTEES: I understand that the practice of physical therapy is not an exact science and that no guarantees or promises have been made to me as a result of treatments or examinations by the physical therapist. I understand that no contract, warranty, guarantee, or promise concerning the results of the physical therapy services is made. This consent to treatment form is not a contract, nor is it an offer to contract, nor it is an acceptance of an offer to contract.
4. NOTICE OF PRIVACY PRACTICE: I have received a copy of the Monarch Physical Therapy Statement of Notice.
5. CANCEL/NO SHOW POLICY: If you must cancel your scheduled appointment, please try to give notice as soon as you are able. Your therapist will do the same. We understand that things happen and will try to reschedule your appointment as soon as possible.
6. SECONDARY INSURANCE COVERAGE (MEDICARE ONLY): If I do not have secondary coverage, I am responsible for any uncovered deductibles and portions of the charges that Medicare does not cover.

I certify that any and all information provided by me is true. I have read the information on this form and I understand its contents.