

**INFORMED CONSENT/HIPPA FOR PHYSICAL THERAPY @ A Better Way Physical Therapy LLC**

1. You have the right to ask your physical therapist what type of treatment he or she is

planning based on your history, diagnosis, symptoms and testing results. You may also

discuss with your therapist what the potential risks and benefits of a specific treatment

might be. You have the right to decline any portion of your treatment at any time or

during your treatment session. You have the responsibility to inform your therapist of any pre-existing conditions to ensure safety of procedures as well as anything that happens while you are being treated that can affect treatment decisions to include falls, illness, trips to ER or urgent care or new diagnoses.

If you have any questions regarding the type of exercise you are performing or the manual (hands on) therapy and any specific risks, your therapist will be glad to answer them.

1. By signing below, I agree that I have been given access to HIPPA policy and procedure for A Better Way Physical Therapy LLC. My personal information will be guarded as according to these policies and released to only those parties I have delegated, my referring doctor and my insurance company. All materials related to my care are stored in accordance with HIPPA guidelines.

I wish to proceed with Physical therapy with Mary Beth Genday PT MHS. I have or will address (ed) any concerns I have regarding these policies with A Better Way Physical Therapy.

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 Patient Name Patient Signature Date

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Patient Signature DATE