



PATIENT TREATMENT AGREEMENT

(Updated October 2022)

CONSENT FOR SERVICES/INFORMATION: I voluntarily consent to physical therapy services rendered by Compass Physical Therapy LLC Employees as ordered by my physician and physical therapist. I understand that I will be informed of all proposed medical procedures and treatment prior to commencement and that I have the right to refuse any proposed medical procedure or treatment. I also understand that with all medical intervention there are risks involved and that no guaranteed outcome can be made.

ASSIGNMENT OF INSURANCE: I authorize direct payment of medical benefits to Compass Physical Therapy, LLC. However, I fully understand that I am financially responsible to Compass Physical Therapy, LLC for all therapy services regardless of the insurance or other third-party coverage.

MEDICAL RELEASE: I authorize the release of medical information necessary to process a claim, including but not limited to testing, diagnosis, and/or treatment plan if any are requested by my referring physician, or physician or practitioner I am referred to by this office, my insurance company, adjuster or attorney (if applicable). I also authorize my healthcare provider(s) to release personal health information as it pertains to my rehabilitative care if any is requested by Compass Physical Therapy LLC.

COVID/HEALTH AGREEMENT: To prevent the spread of illness to staff and patients, I agree to **notify Compass Physical Therapy prior to any and all appointments** if I experience symptoms of illness such as colds, flu, COVID or gastrointestinal viruses **within 5 days of my appointment**. Depending on my symptoms, my appointment may be rescheduled without application of 24-hour cancellation fee.

Signed: _____
(Patient/Patient Representative)

Date: _____