CONSENT FORM

Specialized
PHYSICAL THERAPY
www.SpecializedNJ.com
(201) 773-8851

Consent For Treatment

I, the undersigned, do hereby agree and give my consent for Specialized Physical Therapy to furnish medical care and treatment to myself or _____, considered necessary and proper in diagnosing or treating my physical condition.

Patient/Guardian Signature _____ Date _____

Consent To Photography & Video

I hereby consent to be photographed or videotaped, when given prior notice, while receiving treatment at Specialized Physical Therapy. I consent to be photographed or videotaped and authorize the use or disclosure of such photograph(s)/video in order to assist scientific, treatment, educational, public relations, marketing, news media, and charitable goals, and I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I may request cessation of filming or recording at any time.

Patient/Guardian Signature _____ Date _____

Benefit Assignment/Release Of Information

I, the undersigned, hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance, and third party payers to Specialized Physical Therapy. A photocopy of these assignments to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

Patient/Guardian Signature _____ Date _____

Electronic Communication

E-mail:

I acknowledge that some forms of electronic communications are not secure, including some patient education websites that we may use in your care. I can decline creation of any website account at any time by informing my provider. If I email my provider a health-related question, I consent to my provider responding via email. I understand that I am responsible for access and use of the email address provided in writing or verbally and cannot be held liable for inappropriate use of or breach of that email account.

HIPAA Disclosure

I hereby acknowledge that I had the opportunity to receive or view a copy of the Notice of Privacy Practices from Specialized Physical Therapy. I understand that I have the right to Refuse to sign this acknowledgement if I so choose.