

CONSENT TO THERAPY

1. I have presented myself to Denny Kolkebeck, DPT for physical therapy evaluation and treatment and consent to procedures and care provided by him.

2. I realize I have the right to refuse any treatments, procedures or recommendations to the extent permitted by law. I acknowledge that medicine is not an exact science and no guarantees or warranties can be made to me regarding the results of any treatments by Denny Kolkebeck, DPT.

3. I understand that Denny Kolkebeck, DPT will maintain my privacy to best of his ability and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and or any approved educational or administrative purposes.

4. I understand I do not need a written/oral prescription for physical therapy with Denny Kolkebeck, DPT, yet he will need to send findings to my main doctor.

5. I understand that I will need to see my main physician or a specialist if:

- My condition doesn't improve measurably after 10 physical therapy sessions or three weeks, whichever comes first.
- I need to be seen for the same exact condition within 30 days of being released from physical therapy.

6. I hereby authorize the release of medical information and records pertaining to my injury and/or reason for seeking treatment.

7. Denny Kolkebeck, DPT may take photographs or video of clients while performing physical therapy. Do you consent to have your photograph or video images taken?

Check one Yes No

PAYMENT POLICY

I fully understand Denny Kolkebeck, DPT does not participate in any third party insurance programs and that payment for services rendered is expected in full at the time of delivery via business or personal check, credit card or cash.

A detailed invoice will be provided to me, which I may submit to insurance for possible reimbursement.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE GENERAL CONSENT FORM AND PAYMENT POLICY; ANY QUESTIONS I MAY HAVE HAD HAVE BEEN ANSWERED TO MY SATISFACTION.

Signature of Client (or Parent if Client is a Minor –under 18) **Date**