

Ashlee Gendron Physical Therapy, PC

**Liability Release/Consent for Treatment**

I recognize that I am suffering from a condition requiring Physical Therapy services and treatment. I hereby consent to the rendering of physical therapy services by Ashlee Gendron Physical Therapy, as described to me. I understand that the practice of Physical Therapy is not an exact science and that physical therapy treatment involves risk of injury. I acknowledge that no guarantees have been made to me about the outcome of treatment. I voluntarily request the right to participate in Ashlee Gendron Physical Therapy program. I do hereby discharge, release, and hold harmless Ashlee Gendron Physical Therapy and any of its personnel participating in this rehabilitation program from any and all liability for damage of any kind or character resulting from any injury or condition that I may suffer, or may result from such a rehabilitation program. With Pelvic floor PT, I understand that internal (vaginal or anal) work might be part of my treatments, and is used for medical purposes only.

\_\_\_\_\_ signature/date

**Consent of disclosure (HIPPA Release)**

I hereby give consent to Ashlee Gendron Physical Therapy to use and disclose my protected health information for the purposes of treatment, payment and healthcare operations. You may cancel this consent at any time. Your cancellation must be in writing, signed by you on your behalf, and delivered in person or by mail, but will only be effective when actually received. Your cancellation will not be effective to the extent that others or we have acted in reliance upon this consent. You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment and healthcare options.

\_\_\_\_\_ signature/date

**Reimbursement of Insurance benefits**

I understand that I am financially responsible for all charges. Any insurance reimbursement must be initiated and submitted by me independently via a superbill provided by Ashlee Gendron Physical Therapy following the treatment session(s). I understand that I am responsible of all charges up front regardless of the reimbursement status.

\_\_\_\_\_ signature/date

**Cancellation policy**

I hereby agree to supply 24 hours notice for any and all cancelled appointments. I agree that if 24 hrs notice is not provided to Ashlee Gendron Physical Therapy I may be assessed a \$75 cancellation fee.

\_\_\_\_\_ signature/date

