

**Sanford PT & Bodywork, LLC**

6441 Enterprise Ln. Suite 112

Madison, WI 53719

608.345.5280

lpsanfordpt@gmail.com

**Informed Consent for Physical Therapy Services**

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

*The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.*

Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Sanford PT & Bodywork, LLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I authorize the release of my medical information to appropriate third parties.

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sanford PT & Bodywork, LLC

6441 Enterprise Ln. Suite 112  
Madison, WI 53719  
608.345.5280  
lpsanfordpt@gmail.com

### Patient Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation/Sport \_\_\_\_\_

How did you hear about Sanford PT & Bodywork, LLC? \_\_\_\_\_

Referring MD \_\_\_\_\_

Seeking treatment for? \_\_\_\_\_

Pain Onset(injury) \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Privacy Policy: I have read the Health Information Privacy Policy

24 Hour Cancellation Policy: Please provide 24 hour notice in order to reschedule or cancel your appointment. Note that your appointment time is reserved specifically for you; hence, late cancellations without valid reason will be charged the full session amount of \$100.

Billing: Co-pays and deductibles will be collected at the time of service. Sanford PT & Bodywork, LLC will bill your insurance. Please keep in mind that the co-pays collected at the time of service are an estimate of your cost based on benefits quoted by your insurance company and you may be responsible for unpaid or disallowed amounts.

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sanford PT & Bodywork, LLC

6441 Enterprise Ln. Suite 112

Madison, WI 53719

608.345.5280

lpsanfordpt@gmail.com

## General Health Questionnaire

Do you experience any of the following symptoms?

- |                                                          |           |          |
|----------------------------------------------------------|-----------|----------|
| 1. Fevers/Chills/Sweats                                  | _____ Yes | _____ No |
| 2. Unexplained weight Loss/Gain                          | _____ Yes | _____ No |
| 3. Malaise (feeling generally unwell)                    | _____ Yes | _____ No |
| 4. Unusual Fatigue                                       | _____ Yes | _____ No |
| 5. Nausea/vomiting                                       | _____ Yes | _____ No |
| 6. Headaches                                             | _____ Yes | _____ No |
| 7. Dizziness/ Lightheadedness/Loss of consciousness      | _____ Yes | _____ No |
| 8. Blurred vision                                        | _____ Yes | _____ No |
| 9. Numbness/Tingling                                     | _____ Yes | _____ No |
| 10. Weakness                                             | _____ Yes | _____ No |
| 11. Muscle cramping                                      | _____ Yes | _____ No |
| 12. Chest pain/Palpitations                              | _____ Yes | _____ No |
| 13. Swelling in feet or hands                            | _____ Yes | _____ No |
| 14. Difficulty breathing/Shortness of breath             | _____ Yes | _____ No |
| 15. Difficulty breathing when lying down                 | _____ Yes | _____ No |
| 16. Cough/Change in cough/Blood in phlegm                | _____ Yes | _____ No |
| 17. Wheezing                                             | _____ Yes | _____ No |
| 18. Difficulty swallowing                                | _____ Yes | _____ No |
| 19. Heartburn/Indigestion                                | _____ Yes | _____ No |
| 20. Change in appetite                                   | _____ Yes | _____ No |
| 21. Specific food intolerance                            | _____ Yes | _____ No |
| 22. Changes in Bowel pattern (color, texture, frequency) | _____ Yes | _____ No |
| 23. Difficulty urinating (starting, stopping)            | _____ Yes | _____ No |
| 24. Urine frequency changes                              | _____ Yes | _____ No |
| 25. Possibility of pregnancy                             | _____ Yes | _____ No |

Other medical conditions or prior surgeries:

---

Current medications:

---

Family medical history (birth parents and siblings):

---

## Sanford PT & Bodywork, LLC

6441 Enterprise Ln. Suite 112

Madison, WI 53719

608.345.5280

lpsanfordpt@gmail.com

### **Notice of Privacy Policies: HIPAA**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CONTENT BELOW CAREFULLY.

**Introduction:** Sanford PT & Bodywork, LLC is committed to treating and using your protected health information in a responsible manner. Federal and state laws require me to maintain the privacy of your protected health information. This Notice of Health Information Practices describes the personal information that I collect, and how and when I use or disclose this information. It also describes your rights as they relate to your protected health information (PHI). This Notice is effective as of April 14, 2003, and applies to all protected health information as defined by federal guidelines and regulations.

**Understanding Your Health Record/Information:** Every time you are treated at Sanford PT & Bodywork, LLC a typed record of your visit is made. This note contains your symptoms, examination findings, and test results, treatment, and a plan of care for future visits. This information, is referred to as your health or medical record, and it serves as:

- \* Basis for planning your care and treatment,
- \* Means of communication among many healthcare professionals that work as a team to deliver care,
- \* Legal document described the care you received,
- \* Means by which a third party payer can verify that services billed were actually provided,
- \* A tool in educating health professionals
- \* A source of information for public health officials charged with improving the health of this state and nation,
- \* A source of data for planning and marketing,
- \* A tool with which I can assess and continually work to improve the care I render and the outcomes I achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand, who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

**Your Health Information Rights:** Although your health record is the physical property of Sanford PT & Bodywork, LLC, the information belongs to you. You have the right to:

- \* Obtain a copy of this notice of information practices on request,
- \* Inspect and receive a copy of your health record as provided for in 45 CFR 164.524,
- \* Amend your health record as provided in 45 CFR 164.528,
- \* Obtain an accounting of disclosures of your health information other than for treatment, payment and healthcare operations as provided in 45 CFR 164.528,
- \* Request communications of your health information by alternative means or at alternative locations,
- \* Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and

\* Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Sanford PT & Bodywork, LLC is required to:**

- \* Maintain the privacy of your health information,
- \* Provide you with this notice as to our legal duties and privacy practices with respect to information that is collected and maintained about you,
- \* Abide by the terms of this notice,
- \* Notify you if I am unable to agree to a requested restriction, and
- \* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Sanford PT & Bodywork, LLC reserves the right to change practices and to make the new provisions effective for all protected health information that is maintained. Should information practices change, Sanford PT & Bodywork, LLC will mail a revised notice to the address you provided on file, or based on agreement, a copy will be emailed to you.

Sanford PT & Bodywork, LLC will not use or disclose your health information without your authorization, except as described in this notice. Furthermore, Sanford PT & Bodywork, LLC will discontinue using/disclosing your health information after written revocation of the authorization according to the procedures included in authorization is received.

Uses and Disclosures of Protected Health Information: Sanford PT & Bodywork, LLC may use or disclose PHI about you for treatment, payment, and health care operations. Following are examples of types of uses and disclosures that the company is permitted to make.

**Sanford PT & Bodywork, LLC will disclose health information for treatment.**

Example: Information obtained by the physical therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Sanford PT & Bodywork, LLC will document in your record, your plan of care, treatment and interventions, observations, symptoms, tests, and measurements and your response to treatment.

Sanford PT & Bodywork, LLC will provide your physician, case manager or subsequent health care provider with copies of various reports that should assist him or her in your treatment and care.

**Sanford PT & Bodywork, LLC will use and disclose your health information for payment.**

Example: A bill may be sent to you or a third-party payer. Sanford PT & Bodywork, LLC may use and disclose your PHI to submit bills to you or a third-party payer for health care services provided to you. Sanford PT & Bodywork, LLC may disclose your PHI to another health plan, health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for benefits, reviewing services for medical necessity, and performing utilization review of your account.

**Sanford PT & Bodywork, LLC will use and disclose health information for regular health care operations.**

Example: Health care operations include the business functions conducted by a health care provider. Members of the healthcare staff may use information in your health record to perform transcription duties, as well as assess the care and outcomes in your case and others like it. This information will then be

used in an effort to continually improve the quality and effectiveness of the health care and services that Sanford PT & Bodywork, LLC provides. These activities may include providing customer services, transcription duties, responding to complaints, conducting review of accounts and other quality assessment and improvement activities.

**Business associates:** There are some services provided through contacts with business associates with whom Sanford PT & Bodywork, LLC has written agreements containing terms to protect the privacy of your PHI. When these services are contacted, Sanford PT & Bodywork, LLC may disclose your health information to my business associates so that they can perform the job Sanford PT & Bodywork, LLC has appointed them to do, which may include billing you or your third-party payer for services rendered. In order to protect your health information Sanford PT & Bodywork, LLC requires the business associates to appropriately safeguard your information.

**Notification:** Sanford PT & Bodywork, LLC may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. As a means of communication Sanford PT & Bodywork, LLC may: leave a message on your answering machine or on voicemail, mail you a postcard or written notice, email you, your healthcare provider, or case manager.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** Sanford PT & Bodywork, LLC may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Workers Compensation:** Sanford PT & Bodywork, LLC may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. This may include communication either in writing, email, or by telephone with a case manager in charge of your case.

**Public Health:** As required by law, Sanford PT & Bodywork, LLC may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** Sanford PT & Bodywork, LLC may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**On Your Authorization:** You may give Sanford PT & Bodywork, LLC written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give Sanford PT & Bodywork, LLC the authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give Sanford PT & Bodywork, LLC a written authorization, this company cannot use or disclose your PHI for any reason except those described in this notice.

**For More Information or to Report a Problem:**

\* If you have any further questions and would like additional information you may contact Sanford PT & Bodywork, LLC **(608) 345-5280**.

\* If you believe your privacy rights have been violated, you can file a complaint with Sanford PT & Bodywork, LLC, or with the Office for Civil Rights, U.S. Department of Health and Human Resources. There

## Sanford PT & Bodywork, LLC

6441 Enterprise Ln. Suite 112

Madison, WI 53719

608.345.5280

lpsanfordpt@gmail.com

will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that Sanford PT & Bodywork, LLC has engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**I consent to the use or disclosure of my protected health information (PHI) by Sanford PT & Bodywork, LLC for the purpose of Treatment, Payment, and Health Care Operations. I have read a copy of the Notice of Privacy Practices: HIPAA and understand I have a right to review it prior to signing this document.**

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

—