Acknowledgement of Privacy Practices

I have received read and understood the notice of privacy practices which has provided a complete description of the uses and disclosures of my health information as outlined by the Health Insurance Portability and Accountability Act of 1996. I understand that I have certain rights regarding my protected health information and that this information can and will be used for purposes of treatment, payment and normal healthcare operations.

Patient name: _____

Signature: _____

Date: _____

Consent to Treatment

I give my consent for treatment of the medical condition for which I have consulted Momentum Physical Therapy. I consent to receive all treatment provided according to generally accepted standards of medical practice. I understand that I cannot be given a guarantee regarding the results of this treatment. I understand that I will be given the opportunity to discuss the details of my treatment plan with the therapist prior to the initiation of treatment

Patient signature: _____

Legal Guardian signature: _____

Date: _____

Consent to Email and/or Text Usage

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, or for billing inquiries. I consent to receive text messages at the below listed cell phone number and any number or email address that I may be forwarding or transferring my calls to at the time of text transmission.

I consent to receive email messages at the below listed email address.

I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/billing inquiries unless I request a change in writing.

Authorized cell phone number _____.

Authorized email address _____.

Momentum Physical Therapy does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Patient signature: _____

Legal Guardian signature: _____

Date: _____