

PATIENT ACKNOWLEDGEMENTS AND CONSENTS

Consent to Treat- I give my consent and authorize representatives/employees of ActiveFit Rehab Physical Therapy to render timely and appropriate health care services to me. It is my further understanding that all said representatives/ employees will be adequately experienced licensed, supervised, healthcare personal. Notwithstanding any of the foregoing, I hereby reserve the right to refuse services or treatment at any time upon giving verbal or written notification, and stating the reason for the same.

Further, I understand ActiveFit Rehab Physical Therapy reserves the right at all times to cease providing services to me, upon verbal or written notification, and stating the reason for the same.

I have been informed of the services to be provided to me by ActiveFit Rehab Physical Therapy and the proposed plan of care. The proposed plan of care is initially provided according to my physician's orders, Physical Therapist's recommendations and is subject to change as my condition changes and /or specifically ordered and /or recommended by my physician and/or Physical Therapist.

Authorization to release information- I consent to the release of information and/ or disclosure to ActiveFit Rehab Physical Therapy of all or any part of my medical record by any physician, hospital, home healthcare agency or facility of which I have been a client; checking of my credit and financial rating and history with any person, firm or credit bureau if I may have any self-pay responsibility, and use of/or release of information by ActiveFit Rehab Physical Therapy in accordance with federal guidelines.

Acknowledgement of Notice of Privacy Practices and general Privacy Consent - I hereby certified that I have received a copy of the ActiveFit Rehab Physical Therapy notice of Privacy Practices. I am aware and acknowledge that this Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that I may direct any questions, concerns, or complaints about the privacy practices of ActiveFit Rehab Physical Therapy to the President and CEO or person designated of ActiveFit Rehab Physical Therapy, via Phone at 386-214-2663 and asked for person designated by ActiveFit Rehab Physical Therapy.

By virtue of this document, I am also giving my consent to ActiveFit Rehab Physical Therapy, LLC., and /or its operating subsidiaries to use and/ or disclose my protected health information for the purpose of treatment, payment, and operations. I understand that ActiveFit Rehab Physical Therapy may, in the course of rendering care to me, disclose personal health information about me to my family, close personal friends, or any other person that I identify as long as the information disclosed is relevant to their involvement in my care or the payment for my care. I understand that I may opt-out or otherwise restrict the disclosure of my information to such persons by providing notice to ActiveFit Rehab Physical Therapy.

Assignment of benefits - I certify that the information given by me in applying for payment, my private insurance and / or any other third party payer is correct. I request payment of

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authorized benefits to me or on my behalf for any services furnished to me by ActiveFit Rehab Physical Therapy. I hereby assign these benefits to be payable directly to ActiveFit Rehab Physical Therapy.

X

Date / /

Patient's signature/ patient's legal representative

Name/Relationship of person signing for patient (if applicable)

Reason patient cannot sign

X

Date / /

ActiveFit Rehab Physical Therapy representative signature