

Sandhills Sports Performance and Physical Therapy

CONSENT FOR TREATMENT: I, the undersigned, aware that I am suffering from a condition requiring health care, do voluntarily consent to the evaluation and treatment of my condition by the therapists of Sandhills SP and PT. I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services. I understand that it is the clinic's sincere intent to educate me on every process, including billing, treatment and the eventual discharge from their services. Therefore, if instructions or exercise techniques used to retain, recruit, and restore postural alignment are not understood, it is my responsibility to obtain a clearer understanding of my therapist's objectives and desired outcomes and how he/she is trying to achieve them. I also hereby consent to have information that may be acquired in the course of my evaluation and treatment studied and reported for research purposes in a manner that will not disclose my identity, as I am aware that this information may be beneficial to others who share my condition.

RELEASE AND ASSIGNMENT OF BENEFITS: I authorize the release of my medical records to process the claim or assist in my medical care. I also authorize Sandhills SP and PT to submit insurance carrier claim forms on my behalf without further signature authorization. This also authorizes Sandhills SP and PT to receive payment directly from the insurance carrier. All claims forms will be submitted to the carriers with the notation "Signature on File".

DISCLOSURE: We must emphasize that as healthcare providers our relationship is with you, not the insurance company, your employer, or your attorney, and as a courtesy to our patients we will bill your insurance company for you and allow them thirty days to process our claim. We ask that you assist us by working with your insurance company to have our bill processed. In cases of Worker's Compensation or Accidents, should your benefits exhaust or become denied, your private health insurance will be billed. You will be expected to pay all applicable co-pays, co-insurances, deductibles and non-covered or denied services. In the event that your health insurance benefits become exhausted, you (the patient) will then be held responsible for payment towards any subsequent non-covered services.

If your account becomes past due, and is placed with a collection agency, all collection fees will be added to your balance. Fees will, if incurred, include the collection agency's commission, court costs, and interest.

HIPAA: (Health Insurance Portability and Accountability Act) Sandhills SP and PT abide by the appropriate policies to keep your health records safe and confidential. You are entitled to a copy of our Privacy Policies.

I grant Sandhills SP and PT, its representative and employees the right to take photographs or videos of me and my property. I agree that Sandhills SP and PT may use photographs or videos of me with or without my name, treatment, and condition and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I HAVE READ THIS FORM AND UNDERSTAND AND ACCEPT THE ABOVE CONSENT FOR TREATMENT, RELEASE, & ASSIGNMENT OF BENEFITS, DISCLOSURE, AND POLICIES AS THEY PERTAIN TO ME. I ALSO ACKNOWLEDGE THE RECEIPT OF PRIVACY POLICIES.

This consent shall be ongoing for a period not to exceed one year. Sandhills SP & PT reserves the right to update its policies annually.

Patient's Signature (Parent or guardian if patient is a minor)	Date	Witness (Sandhills SP & PT)
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