



On Track Physical Therapy & Performance

220 Country Club Gate, Suite 11
Pacific Grove, CA 93950
(831) 917-9886

CONSENT FOR CARE & TREATMENT

I, the undersigned, do hereby agree and give my consent for On Track Physical Therapy and Performance, P.C., doing business as **On Track Physical Therapy and Performance** to furnish medical care and treatment to _____ that is considered necessary and proper in diagnosing or treating his/her physical and mental condition.

_____ Responsible Party Initials/date

AUTHORIZATION BENEFIT ASSIGNMENT - FINANCIAL RESPONSIBILITY- RELEASE OF INFORMATION

I agree to pay at the time of service a flat fee as agreed between **On Track Physical Therapy and Performance** and me. I understand that **On Track Physical Therapy and Performance** is an "Out of Network" provider and all or some of my charges may not be reimbursed if I choose to submit them. My insurance benefits may not cover all charges and that I am responsible for those charges not covered by my health insurance or third party payer. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees. A photocopy of this authorization is to be considered as valid as the original. By my signature, I authorize **On Track Physical Therapy and Performance**, to release all information necessary, including medical records, to secure payment. I authorize **On Track Physical Therapy and Performance** to release to the insurance carrier any information needed for the payment of any claim. I understand that **On Track Physical Therapy and Performance** does not accept co-pays or money directly from insurance companies from my insurance carrier or third party payer.

_____ Responsible Party Initials/date

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I have had full opportunity to read the **On Track Physical Therapy and Performance** Notice of Privacy Practices. I understand that by signing this consent, I am giving my consent to **On Track Physical Therapy and Performance** to use and disclose my protected health information to carry out treatment, payment activities and health care operations. I understand the terms of this notice may change with time and **On Track Physical Therapy and Performance** will always post the current notice at the clinic, on the website and have copies available for distribution. Indicated below are individuals whom **On Track Physical Therapy and Performance** may speak to regarding my treatment. Please list names.

- ☞ spouse _____
- ☞ father _____
- ☞ mother _____
- ☞ other _____

Listed below are individual(s) whom I request restriction regarding my protected health information.

- ☞ Not Applicable
- ☞ _____

We may need to contact you. Do we have your permission to leave a confidential message at the phone numbers you provide us?

- ☞ Yes: Home Mobile Work Other: _____
- ☞ No

_____ Responsible Party Initials/date

SIGNATURE for CONSENT

By my signature below I acknowledge that I have read, understand and agree to the terms and conditions contained in the **Consent for Care and Treatment**, the **Authorization** to release all information necessary to secure payment and the **Consent For Use and Disclosure of Health Information**.

Patient / Guardian/Responsible Party Signature: _____

Date _____