



**CONSENT TO TREAT**

I, the undersigned, hereby request and consent to Elite Therapy, P.C. to perform rehabilitative treatment and care as prescribed by my physician, physician assistant, nurse practitioner and/or recommended by my physical therapist. I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my condition, prior to treatment. I authorize the physical therapist to perform any additional or different treatment, which is deemed necessary should, during treatment, a condition be discovered which was not known previously. I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss my condition with the treating physical therapist. I consent and authorize Elite Therapy, P.C. (including students in training) to administer treatment under the direction and supervision of the physical therapist.

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Initials

**ASSIGNMENT OF INSURANCE BENEFITS / RELEASE OF INFORMATION**

Payment of insurance benefits is hereby assigned to Elite Therapy, P.C. for application on the patient's bill. The undersigned and/or patient will be responsible for charges not covered by this assignment and/or paid by insurance coverage. Release of information, assignment of insurance benefits and direct payment is authorized. The patient may be eligible for receipt of health care benefits from insurance companies and/or third party payers. The undersigned hereby authorizes Elite Therapy, P.C. to furnish information relating to all services provided the patient from the patient's medical and other records for the purpose of obtaining payment on this account.

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRATICES**

Elite Therapy, P.C. has provided you a copy of its Notice of Privacy Practices. The Elite Therapy, P.C. Notice of Privacy Practices explains your privacy rights and how we may use and disclose your protected health information. If you have any questions about the information described in Elite Therapy, P.C.'s Notice of Privacy Practices, please contact the Elite Therapy, P.C. Compliance Officer at 570-662-1400. My signature below indicates that I have been provided with a copy of Elite Therapy, P.C.'s Notice of Privacy Practices.

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**ACKNOWLEDGMENT OF RECEIPT OF FINANCIAL POLICY**

Elite Therapy, P.C. has provided you a copy of its Financial Policy. I have read and understand the Financial Policy. If you have any questions about the information contained in the Financial Policy, please contact Elite Therapy, P.C. Business Office at 570-662-1400. My signature below indicates that I have been provided with a copy of Elite Therapy, P.C.'s Financial Policy.

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Initials

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Patient/Legal Guardian Signature

\_\_\_\_\_  
Date