



OLD FARM PHYSICAL THERAPY, PLLC
81 OLD FARM ROAD SOUTH
PLEASANTVILLE, NY 10570
(914) 224-9679

INFORMED CONSENT FOR PHYSICAL THERAPY

Dear Patient:

Physical Therapy involves the use of many different types of physical evaluation and treatment. At Old Farm Physical Therapy, PLLC, we use a variety of procedures and modalities to help us try to improve your function. As with all forms of medical treatment, there are benefits and risks associated with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy, modality, or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that the treatment will help your condition. There is also a risk that your treatment may cause pain, injury or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment she is planning based on your history, diagnosis, symptoms, and testing results. You may also discuss the potential risks and benefits of a specific treatment with your therapist. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing or any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained to me by Old Farm Physical Therapy, PLLC, and that all of my questions have been answered. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

PATIENT NAME

PATIENT SIGNATURE

DATE



OLD FARM PHYSICAL THERAPY, PLLC
81 OLD FARM ROAD SOUTH
PLEASANTVILLE, NY 10570
(914) 224-9679

NOTICE OF ADVICE REGARDING DIRECT ACCESS TO PHYSICAL THERAPY

New York State law permits physical therapists (with a minimum of three years of clinical experience) to treat patients without a referral from a physician. This patient right has been termed Direct Access. Direct access to physical therapy is your opportunity to be evaluated and treated by the licensed physical therapist of your choice without needing to see your physician first in order to obtain a prescription. The law permits patients to access physical therapy services for 10 visits or 30 days, whichever comes first.

Prior to the beginning of direct access treatment, the physical therapist is obligated by law to advise the patient in writing of the possibility that treatment may not be covered by the patient's health care plan or insurer without a referral from a physician, dentist, podiatrist, or nurse practitioner and that treatment may be a covered expense if rendered with a referral. It is the responsibility of the patient to contact their insurance carrier to find out if the patient's insurance plan covers direct access to physical therapy. Patients are responsible for payment of self-referred physical therapy at the time of service.

DATE TREATMENT WILL BEGIN: _____

I have read and understand the Notice of Advice Regarding Direct Access to Physical Therapy.

(PRINT NAME OF PATIENT)

(PATIENT SIGNATURE)

(STREET ADDRESS OF PATIENT)

(DATE OF SIGNATURE)

(CITY, STATE, ZIP)

(DATE OF EVALUATION)

NICOLE M. FIORE, MSPT
(PRINT NAME OF THERAPIST)

(SIGNATURE OF THERAPIST)

81 OLD FARM RD S, PLEASANTVILLE, NY 10570
(ADDRESS OF THERAPIST)

(DATE OF THERAPIST SIGNATURE)



OLD FARM PHYSICAL THERAPY, PLLC
81 OLD FARM ROAD SOUTH
PLEASANTVILLE, NY 10570
(914) 224-9679

CANCELLATION & NO SHOW POLICY

We take cancellations and no shows seriously at our clinic because they can make the difference between whether or not your treatment is successful in a timely manner. Usually, your referring doctor and/or therapist has prescribed a set frequency of treatment. Showing up as scheduled for these visits is your most important responsibility. Other than that, all you need to do is follow your therapist's instructions, including your Home Exercise Program, and we will be able to help you achieve your goals in treatment.

- We require **24-hours'** notice in the event of a cancellation. You will be charged a **\$50** charge for any appointment cancelled with less than 24-hour notice. This also applies if you do not show up for your scheduled appointment (no show).
- This charge will **NOT** be covered by insurance and will have to be paid by you personally. Your credit card on file will **automatically** be charged for this fee.
- For patients with Worker's Compensation, Personal Injury and No Fault insurance, documentation of any missed appointments is part of your medical record, and as such it can be forwarded to your Case Manager and Primary Physician. This could jeopardize your claim.
- Repeated late cancels/no shows/excessive tardiness constitute non-compliance with your plan of care and could make you subject to discharge from treatment at our facility.

When you don't show up as scheduled, three people are hurt: you, because you don't get the treatment you need as prescribed by your MD and/or PT; the therapist, who now has space in her schedule since the time was reserved for you personally; and another patient, who could have been scheduled for treatment if you had given adequate notice.

We specialize in hands-on one-on-one quality treatment. We are out of network because we think you deserve the best. We do not rely on patient volume and our schedule reflects this. Appointments are scheduled so that we can take the time to work independently with each individual.

I agree with the above policy and authorize payment for any cancellations or no shows.

PATIENT SIGNATURE

DATE