



## Synergy Rehab, OT LLC: Patient Consent

### Consent to Treatment:

I \_\_\_\_\_ consent to treatment and services to be provided by Synergy Rehab, OT LLC including physical therapy, occupational therapy, speech therapy, massage therapy and personal training services.

### Disclosure of Protected Health Information:

I understand that my personal health information is protected by federal regulations under the Health Information Portability and Accountability Act (HIPAA) and may not be disclosed without my authorization and consent.

I understand that my protected health information will and may be used for purposes of treatment, payment, and healthcare operations. I understand that I have the right to request a restriction in how my protected health information is used and disclosed. I may obtain a copy of the notice of privacy practices by contacting the office.

### Payment:

I understand and agree to the self-pay rate for services provided and agreed upon by Synergy Rehab and staff per session.

Synergy Rehab requires payment day of service and will be processed through the main office NOT through your individual therapist. Please contact: Synergy Rehab, OT LLC

### Cancellation Policy:

I agree to provide at least 24 hrs notice prior to canceling or rescheduling services. Synergy Rehab will make every effort to reschedule an appointment at the clinician's availability, however a cancellation/reschedule of less than 24hrs notice may result in a cancellation fee of \$50.

### Credit Card Authorization Agreement:

I agree to provide payment for services rendered on the date of services provided, billable to the card provided on file to synergy rehab. I understand that it is my responsibility to provide written notice to synergy rehab to discontinue use of authorized payment sources and provide an alternate payment source as desired.

I certify that I have read, understand, and fully agree to each of the statements.

\_\_\_\_\_  
Signature of Patient or Legally Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Above (& Relationship)

\_\_\_\_\_  
Date