



Arm and Hand Rehab
6692 Merchandise Way, Suite C
Diamond Springs, CA 95619
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www.armandhandrehab.com

Consent for Treatment

We appreciate your choice to use us to provide your therapy needs. We are committed to providing you the environment, the skills, and quality care to assist you in achieving the realistic goals and highest optimistic outcome possible. Rehabilitation is a team process that includes your investment in communicating with your therapists and physician. Your participation is mandatory. Therefore, it is imperative that you attend all scheduled appointments at the frequency discussed with your therapist and your doctor, and perform all home exercise or treatment as instructed. Treatment using heat, ice, electrical stimulation, and/or massage may create temporary skin irritation. Please notify your therapist if this persists beyond a 24 hour period.

Failure to cancel your appointment at least 24 hour prior to your appointment, or tardiness beyond 10 minutes, creates an expense for the clinic that we do not want to place onto the overall cost of therapy services to our customers and may result in a **"No Show Fee" of \$65.00** and will be due upon your next visit. We do understand that life has its imperfections; we just ask that you give us the courtesy of a phone call by noon the previous work day and let us know if there is anything that is interfering with your attendance or progress. **You are subject to be discharged from our services after 3 missed appointments.**

In order to maintain a safe and confidential environment for the healing of others and for your needs, we ask that you **make arrangements for child care and not have visitors, phone calls or cameras while in the clinic**. Exceptions will be made for those with caregivers, those that are legal guardians, and for those that are receiving caregiver instructions. We ask that you review the expectations and etiquette needed to maintain our treatment environment with any caregiver attending therapy, and maintain respectful behavior while on the premises as directed. Failure to do so may result in the termination of services.

For documentation and patient instruction purposes, there may be a need for the staff to take pictures and measurements to illustrate your progress and this policy will be further explained upon your request. We also want to inform you that we have a surveillance system on site for security and staff support purposes.

As a courtesy, we will bill most insurance carriers for you if proper paperwork is provided to us. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointments. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid, or why it may pay less than anticipated for care. **If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from you.**

I have read the above policy and I understand my financial obligations. I authorize the release of any information required in the course of my examination and treatment to appropriate agencies. I understand that Arm and Hand Rehab follows HIPPA regulations and guidelines in any use of my personal information.

I consent to have Arm and Hand Rehab provide the assessment/treatment and the hands-on movement of my extremities, and physical manipulation any applied modalities, which may involve my body region as, prescribed by my physician and/or described in the treatment plan by my therapist. I understand that the therapists by whom I am seen may be independent contractors.

Patient Signature: _____ Date: _____

Legal Guardian: _____ Date: _____