



Patient Consent Form

Individual Consent to be Treated:

I, the undersigned, do hereby agree and give my consent for Glen Rock Physical Therapy and Sports Rehabilitation (GRPT) to provide medical care and treatment which is appropriate and necessary in order to develop a clinical diagnosis and/or treat my medical condition.

Patient/Guardian _____ Date _____

Assignment of Benefits / Assignment of Payment:

I hereby assign all medical benefits/payments to which I am entitled, including but not limited to Medicare, private insurance, and third party payers, to Glen Rock Physical Therapy and Sports Rehabilitation (GRPT). A photocopy of this assignment is to be considered as valid as the original which will be kept in the patient's chart in a secure location.

Patient/Guardian _____ Date _____

Notifications Consent

I, the undersigned, hereby give consent for GRPT to leave messages containing protected health information (PHI) on my answering machine and/or voicemail.

Patient/Guardian _____ Date _____

I prefer for appointment reminders to be sent:

- via Email to: _____
- via Text to: _____

No Show Policy

I, the undersigned, do understand that I will be charged the amount of \$50 per visit whereby I do not call to cancel my appointed time. This charge will be applied to each visit that you do not attend without calling in advance to cancel.

Patient/Guardian _____ Date _____