The Total Joint
PHYSICAL THERAPY

Welcome

We would like to take this opportunity to welcome you as a patient and to thank you for choosing The Total Joint Physical Therapy. We take your care seriously and are committed to providing you with the highest quality, one-on-one service to get you back to the life you want.

Consent to Treat

Consent for Physical Therapy Care: I hereby consent to the evaluation and treatment of my condition by a licensed physical therapist at The Total Joint, LLC. The physical therapist has fully explained to me the nature and purpose of the procedures, evaluation and course of treatment. The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

Financial Responsibility: I understand it is my responsibility to know my physical therapy benefits as provided under my health care plan. I hereby assign all benefits directly to The Total Joint and authorize the release of any medical records necessary to facilitate my treatment or to process medical claims, and as otherwise permitted or required in the Notice of Privacy Practices. I understand that in the event my insurance company or financially responsible party does not pay for the services I receive, I will be financially responsible for payment.

Direct Access Patients: I acknowledge that I am being provided with a physical therapy evaluation and assessment. I understand that this assessment is not a medical diagnosis or based upon radiologic or medical imaging.

Treatment Disclaimer: The physical therapist has explained that there is no guarantee that the proposed course of treatment will improve my condition and that it is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction.

Audio Recording: I acknowledge that my provider may use PredictionHealth's AI scribing software during visits to record our audio and autogenerate documentation and administrative work to help ensure the highest quality of care. All audio will be recorded, processed, and stored in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for clinical purposes only as a part of my medical history. It will not be shared or sold for any other purposes.

Email: I acknowledge that my email address may be added to a mailing list for marketing purposes of The Total Joint, LLC. This email address will not be sold or given to any outside parties, and will be used only for patient communication and company marketing.

Media Use: I hereby authorize The Total Joint to publish my name and/or photographs taken of me for use in company printed publications, website, and social media posts. I acknowledge that since my participation in publications, websites, and social media posts produced by The Total Joint is voluntary, I will receive no financial compensation. I further agree that my participation in any publication, website, or social media post produced by The Total Joint confers upon me no rights of ownership whatsoever. I release The Total Joint, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation. I acknowledge that if completing this form online, I can revoke my consent to media usage in person at my initial visit by signing a new consent form.

With my signature, I confirm that I have read and fully understand this consent form.

Patient/Guardian Signature _____ **Date** _____