



PHYSICAL THERAPY THROUGH HEALING HANDS

SYNERGY REHAB TREATMENT POLICIES AND CONSENT FORM

Welcome to *Synergy Rehab, Inc.* We at Synergy strive to diagnose and manage movement dysfunction as well as enhance physical and functional ability. We work as a team with Patient, not only to restore, maintain and promote optimal physical function but also optimal wellness, fitness and quality of life as it relates to movement and health. We at Synergy Rehab strive for excellence in care and in providing quality services to Patient and Patient's condition.

ATTENDANCE POLICY:

Patient shall attend all schedule therapy sessions. If Patient is unable to attend, Patient shall contact Synergy Rehab's offices at **248-298-0433** and let us know Patient is canceling an appointment. Consistent attendance will help speed up Patient's recovery. If Patient does not attend and do not call to cancel for three consecutive visits, Synergy will discontinue Patient's therapy and notify Patient's physician.

SAFETY POLICY:

1. Please do not touch or use any of Synergy Rehab's equipment unless instructed by Patient's therapist.
2. Please do not allow visiting children to touch or use any of Synergy Rehab's equipment and children must be supervised closely for their safety.

NOTICE OF PRIVACY PRACTICE

The Synergy Rehab Notice of Privacy Practices provides information about how Synergy Rehab may use and disclose protected health information about Patient. By executing this Form below, Patient acknowledges receipt of the Notice of Privacy Practices.

CONSENT TO TREATMENT

1. Consent

Patient consents to routine physical therapy, occupational therapy, speech therapy and social work services as are deemed necessary by my providers. Patient recognizes that while at Synergy Rehab's facilities, therapy services will be provided by the therapist and/or by support staff under the supervision of the therapists. Patient shall inform therapist and/or support staff about any health problems, allergies, drug or medication Patient is taking. Patient understands and recognizes that Synergy Rehab is an institution dedicated to learning and providing clerical experience to therapy students. Patient authorizes therapy students affiliated with Synergy Rehab, to observe and provide therapy services under close supervision of licensed therapist.

2. Contract for services

Patient agrees to pay in full any and all charges for the therapy services provided by Synergy Rehab, which are not otherwise covered by insurance benefits. Patient assigns and authorizes payment to be made directly to Synergy Rehab and/or providers. Patient further understands that providers may be billed separately. Patient further certifies that any and all information provided by Patient to Synergy Rehab in Patient's application for health care benefits are true. Synergy Rehab reserves the right to perform a credit check on Patient in its sole discretion.

Initials: _____

3. **Release of information**

Patient authorizes Synergy Rehab and each provider who treats Patient, to release all information to any party responsible for payment for the Patient care, such as required information from the medical records in order for Synergy Rehab to obtain payment, including those records protected under any federal or state law or regulation. This authorization is effective only so long as necessary to obtain complete payment or until reimbursement is received. In the event that Patient is treated at another Rehab/Physical therapy center, hospital, extended care or other facility, Patient hereby consents and directs that medical and other information be released by Synergy Rehab as may be necessary or useful in Patient obtaining such further care and treatment. Patient further authorizes any and all other healthcare providers from whom Patient has received services to release the specified medical information to Synergy Rehab upon written request.

4. **No Guarantee**

Patient understands that no guarantee or promises have been made to Patient as to the result of treatment at Synergy Rehab. Patient further understands that no representations, warranties, guarantees or promises concerning the results of therapy service is being made or have been made. Patient further understands and agrees that Synergy Rehab will not be liable for the loss or damage to any personal property or personal injury. In the event an injury occurs Synergy Rehab will take the necessary precautions to prevent further injury.

NOTICE OF EVALUATION AND TREATMENT TECHNIQUES

Synergy Rehab strives on making sure that through its therapeutic techniques, the Patient and their body mechanics work together in harmony. Synergy Rehab treats a variety of medical problems and mal-alignments, including SI Joint problems, Neck and Back problems, Hip and Pelvic problems and other parts of the body. Synergy Rehab performs routine evaluations in order to determine the nature and extent of the dysfunction, so that appropriate therapeutic measures can be initiated. Palpation and manual- hands on therapy are necessary parts of Synergy Rehab’s therapeutic processes, in order to identify the affected area and initiate treatment. Synergy Rehab strives to alleviate the pain and discomfort which our Patients experience in the neck, back, shoulders, hip, pelvis, lower extremities and other affected portions of the body through palpation and hands on therapeutic measures.

FINANCIAL POLICY

All payments (*co-pays or deductible*) are due at the time services are rendered unless arrangements are made prior to treatment. Any balances after payment from all insurances is the Patient’s responsibility. If there is no payment from insurance, the full balance will be transferred to the Patient. Patient balances that are not paid within 30 days or more may accrue the following additional charges: Interest charge 1.5% per month, 18% annual percentage rate and a collection fee up to 42% of the full balance and or legal charges if the account goes to collection. Please know it is not in Synergy Rehab’s interest to damage Patient’s credit report; however, we must maintain professionalism.

A fee of \$35.00 will be assessed for all returned checks.

Patient acknowledges that Synergy Rehab representatives have discussed with me this Treatment Policies and Consent Form. Patient further acknowledges having had the opportunity to receive this Treatment Policies and Consent Form and that Patient is comfortable with Synergy Rehab’s methodology of treatment and that Patient does not object with proceeding forward with Patient’s care and treatment in this fashion.

Signature of Patient or Patient’s Representative Date

Synergy Rehab Representative Date