



All-Care

Physical Therapy Center, L.L.C.

CONSENT FOR TREATMENT

1. AUTHORIZATION:

- a. I hereby authorize Ivy Rehab’s health care professionals and students to provide such medical care and to administer such treatment, necessary to the named patient or me each time I or the named patient present to an ambulatory care service. Such procedures and treatments may include, Physical Therapy, Occupational Therapy & Speech Therapy. To the extent possible I have been informed of risks and complications that may occur and alternatives that may be available.
- b. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from my treatment.

2. MEDICARE PATIENTS:

- a. I authorize any holder of medical or other information about me to be released to the Social Security Administration, its intermediaries, carriers and information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

3. GUARANTEE OF ACCOUNT:

- a. For and in consideration of services rendered to (Patient Name) by Ivy Rehab. I hereby agree to pay the full bill for all charges which are not paid to Ivy Rehab by insurance carriers, Worker’s Compensation, No-fault or any balance due which is not covered by insurance or excluded by a co-insurance clause.

4. RELEASE OF INFORMATION:

- a. I permit Ivy Rehab to disclose all or part of the above patient’s medical records to any person, corporation, or agency when required for the collection of benefits or payment of Ivy Rehab charges.

5. HIPAA – NOTICE OF PRIVACY ACKNOWLEDGMENT :

- a. Ivy Rehab has made their Notice of Privacy Practices available to you. Your name, signature, time and date on this cover sheet indicate that you have acknowledged the availability of the Ivy Rehab’s Privacy Practices and were given the option to receive a copy for your possession. If you have any questions regarding the information set forth in the Ivy Rehab’s Notice of Privacy Practices, please do not hesitate to contact the Ivy Rehab’s Privacy Officer: Grace Jenson Tele: 914/777-8700 or Fax Inquiries to: 914/777-8705

I confirm that I have read and fully understand the above.

Facility Name: _____

Patient Name: _____

Patient Signature: _____

Relative/Guardian (if not patient): _____
(Signature) (Print name)

Relationship (if signed by person other than patient) _____

(If Required) Interpreter: _____
(Signature) (Print name)

Rep Name (Witness): _____
(Signature) (Print name) (Date)

