



Almaden Physical Therapy
6489 Camden Ave. Ste 109, San Jose, CA 95120
Phone: (408) 268-0600 Fax: (408) 268-0602

PATIENT INFORMATION CONSENT FORM

I have read and fully understand ALMADEN PHYSICAL THERAPY'S Notice of Information Practices. I understand that Almaden Physical Therapy may use my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Almaden Physical Therapy will consider request for restrictions on a case by case basis, but does not have to agree to request for restrictions.

I hereby consent to the use and disclosure of my personal health information for the purposes noted in the ALMADEN PHYSICAL THERAPY'S Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Print Name: _____

Signature: _____ Date: _____

WAIVER

I, _____, understand that my insurance company will be billed but in an event that my insurance will not cover any or all of my visits, I will be billed for any Physical Therapy Services provided by Almaden Physical Therapy. I agree to be personally and fully responsible for payment.

Signature: _____ Date: _____

CANCELLATION AND NO-SHOW POLICY

We require 24 hour notice in the event of a cancellation. It is the patient's responsibility to reschedule missed appointments to ensure that the full prescribed number of treatment visits are received when possible.

There is a \$50 charge for appointment cancellation without proper notice. The patient should understand that this charge WILL NOT be covered by their insurance but will have to be paid by them personally.

The staff may exercise discretion in certain circumstances for the first "no-show" or cancellation without 24 hours notice. If a patient is normally punctual but has some unforeseen problem, the staff may choose to overlook the \$50 charge. However, further improper cancellations will be billed. If numerous cancellations occur, the staff will question the patient's commitment to their progress.

Signature: _____ Date: _____