

# Welcome to Therapy In Your Home! CONSENT TO TREATMENT



## **Consent:**

I agree to services by a contractor from Therapy In Your Home – OT, PT, ST. I have provided the medical and other relevant information to the best of my ability and I will pay for services monthly or when billed.

Therapy In Your Home – OT, PT, ST (TIYH) agrees to provide services based on the information provided, observations and future communication and will send a bill or bill insurance at least monthly.

## **Rights:**

I have the right to quality service, to know if the service is covered by insurance, to review my progress as therapy continues and to be informed of decisions about care. I understand that I can stop therapy at any time. I have the right to review my medical records and know that confidentiality of medical records will be maintained. I give my permission for Therapy In Your Home to consult with other providers of my care except when I request that an individual/agency or piece of information not be shared. (This information should be noted on the payment page you completed for billing)

TIYH retains the right to stop therapy at any time if therapy does not seem appropriate or safe or for lack of payment.

## **Responsibilities:**

I am responsible for informing my therapist 24-hours in advance of any cancelled visit or I be charged for at least a half session (this cost will be paid by me, not billed to insurance or Medicare.)

I am responsible for informing Therapy In Your Home of any changes in insurance, phone numbers and addresses. I am responsible for cost of therapy if I have not informed Therapy In Your Home of insurance changes such as moving to a Medicare Advantage Program.

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I am responsible for informing my therapist of any changes in condition, medications, physicians or insurance. I am responsible for a safe and healthy environment for care.

I am responsible for knowing the PT Board's regulations and consumer rights document, available at [www.ptbc.ca.gov](http://www.ptbc.ca.gov) and on our website under Paperwork to get started.

## **Release of Information**

TIYH provides information to you or others you have designated on the payment page according to HIPAA guidelines as shown on our website. <http://therapyinyourhome.net/paperwork-to-get-started/>. If you use encrypted email, we will do the same. If you communicate with regular email, we will do the same.

If communication on your behalf is extensive, there may be an additional charge for this communication showing on the bill from us. It will not be covered by Medicare/Insurance. Please inform us of anyone who you do NOT want us to communicate with.

## **Consent for Video and Pictures**

Videos and pictures have become an essential part of therapy and communicating progress to you and other providers. You have the right to refuse or limit the use of this medium. (Please note this on the payment page).

**I agree to the Rights and Responsibilities above, the HIPPA guidelines on the website, that all information on previously completed documents are true and correct, and to pay for services not covered by insurance:**

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

2/20/20