



CONSENT FOR TREATMENT STATEMENT

I understand that Advanced Physical Therapy Services, Ltd, d/b/a Advanced Rehab & Sports Medicine Services (ARSM) will evaluate and determine the best individual program for my condition or injury. This will be based upon my physician's diagnosis and my functional abilities, in conjunction with my personal and work related goals. Communication between myself, my physician, my insurance company and my employer (if applicable) is a priority. It is my responsibility to notify ARSM of all scheduled physician appointments so that all parties may better communicate with my physician regarding progress. In order to serve all patients more effectively, ARSM asks that if an appointment is to be canceled, that we are notified as soon as possible. All cancellations and "no shows" (no notification prior to appointment) will be recorded in the medical documentation and will be reported to your physician, insurance company and employer (if applicable) when specifically requested. After three consecutive "no shows" all future appointments will be cancelled and you will need to contact us to reschedule. You may also be asked to return to your physician before rescheduling to obtain a prescription to continue therapy services. It is also your responsibility to be on time for scheduled appointments in order to receive full treatment.

With this consent ARSM may call or text the phone number(s) I provide and leave a message in reference to any items that assist the practice of carrying out my therapy program, such as appointment reminders. Protected health information related to *treatment*, *payment* and *healthcare operations* will be discussed in person or at times mailed to my home or other alternative locations. Additionally, ARSM may at times provide me with information related to my therapy program and/or request feedback on care received via email communication.

The length of care of patients may depend upon the physician prescription, the number of visits approved by the insurance carrier and progress during the program. The patients' ability to improve in a therapy program greatly depends upon the active participation and compliance with the program by the patient. We encourage all patients to discuss any questions, concerns or suggestions with the treating therapist at any time so that we can provide the best service possible.

Please review the ARSM Notice of Patient Rights, Privacy Practices and Non-Discrimination displayed in our waiting areas for further information. If you have any questions regarding any of this information, please discuss with our front desk staff and they will direct you to the proper individual(s).