

**\*\*\*\*\* PLEASE READ CAREFULLY \*\*\*\*\***

Please read this form carefully and be aware that, in signing this, you will be waiving and releasing all claims for injuries arising from any program or service provided by Jennifer Putt PT, even the slight possibility of death, that you may sustain. The terms "I," "me," and "my" also refer to the parents or guardians as well as the participant in the program or service. In signing this form, you agree to the following:

**ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**

I have reviewed a copy of Jennifer Putt PT's notice of privacy practices. A copy of this notice is available upon my request.

(Initial: \_\_\_\_\_)

**INFORMED CONSENT TO EVALUATE AND TREAT**

I acknowledge that Jennifer Putt PT is not a physician and does not diagnose illness, disease or any other physical or mental disorders. I recognize that the services provided by Jennifer Putt PT do not substitute a medical examination and should the client be experiencing any serious pain or illness, it is recommended that the client consult with their physician. I give Jennifer Putt PT permission to evaluate, assess and provide services within the definition of practice under the physical therapy act (for all physical therapy services) and/or massage therapy act (for all massage services). I voluntarily agree to participate in today's and all future programs or services provided by Jennifer Putt PT.

(Initial: \_\_\_\_\_)

I understand that to evaluate and treat my condition, it may be necessary or optimal to do internal and pelvic muscle exams and manual therapy. I understand this is not a substitute for a pelvic exam from a licensed physician. Internal and pelvic techniques will only be performed after consent prior to each technique, and only as pertaining to my therapy goals and functional outcomes. An explanation of the techniques will be given prior to each technique and consent obtained prior to each technique. As the patient, I hold the responsibility to inform the therapist of any conditions that would limit or prohibit my ability to have an internal evaluation or treatment. Even after giving consent for evaluation and treatment, I have the right to change my mind and clearly ask the treatment to be stopped. Jennifer Putt PT will honor your request and stop treatment immediately. The focus of internal and pelvic work is to resolve urinary, bowel, bladder, sexual, neural, or pain issues within the pelvis by addressing fascia, pelvic muscle, visceral-fascial and neural relationships. This practice treats sexual dysfunction, such as anorgasmia, erectile dysfunction, pain with intercourse, or other dysfunction within the scope of a pelvic therapist. This treatment may include direct work to the genitals, which will only be done after explaining the technique to the patient and obtaining consent. Though the techniques and functional goals may involve sexual function, I understand that the relationship between the client and therapist is a strictly professional and non-sexual relationship. If at any time confusion arises as to the nature of the relationship, the therapist should be notified, and treatment will be terminated immediately.

(Initial: \_\_\_\_\_)

**ASSUMPTION OF RISK**

I recognize and acknowledge that there are inherent risks associated with physical therapy and/or massage including, but not limited to, physical injury resulting from the acts, omissions, and/or negligence by Jennifer Putt PT. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with any physical therapy or massage services provided by Jennifer Putt PT.

(Initial: \_\_\_\_\_)

**RELEASE OF LIABILITY**

I fully release and forever discharge Jennifer Putt PT from any and all claims for injuries, including death damage or loss which I may have or which may accrue to me on account of my participation in any program or service provided by Jennifer Putt PT. I agree to waive and relinquish any and all claims that I may have as a result of participating in a program or service against Jennifer Putt PT, of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in a program or service provided by Jennifer Putt PT. I agree to indemnify, hold harmless and defend Jennifer Putt PT from any and all responsibility, liability, claims and demands of any kind resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with

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my conduct and the activities of the services or program. I further understand and agree that the terms such as "participation," "program," "activities," and "services" referred to in this agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities or premises involved in the program and services provided by Jennifer Putt PT. I understand the nature of the service for which I am agreeing to and have read and fully understand this waiver, release and hold harmless agreement. I further understand that any advisements or warnings of the particular risks of any program or service that I subsequently receive will be incorporated by reference into and become part of this agreement.

(Initial: \_\_\_\_\_)

**FULL DISCLOSURE OF PAST MEDICAL HISTORY AND CURRENT CONDITIONS**

I acknowledge that Jennifer Putt PT must be fully aware of my existing medical conditions and the state of my general health especially anything that may effect or contraindicate her ability to provide services. I have disclosed all pertinent past medical history and physical conditions. I agree to inform Jennifer Putt PT of any changes in my medical status throughout the duration that I am receiving services or am under a program provided by Jennifer Putt PT.

(Initial: \_\_\_\_\_)

**DIRECT ACCESS (\*\*APPLIES TO PHYSICAL THERAPY SERVICES ONLY\*\*)**

I understand that Jennifer Putt PT is practicing in the accordance of the Physical Therapy Act and California Assembly Bill 1000 that indicates a client may be evaluated and treated without a diagnosis from a physician. I understand that under California's direct access law, Jennifer Putt PT may not continue treating a patient beyond 45 days or 12 visits, whichever occurs first, without receiving a dated signature on the physical therapist's plan of care from the patient's physician, surgeon or podiatrist indicating approval of the physical therapist's plan of care.

(Initial: \_\_\_\_\_)

**FINANCIAL AGREEMENT (\*\*APPLIES TO PHYSICAL THERAPY SERVICES ONLY\*\*)**

I understand that Jennifer Putt, PT does not accept insurance. I agree to be held financially responsible for all received services at the time of service. I have been informed that Jennifer Putt PT will provide a superbill upon request.

(Initial: \_\_\_\_\_)

**Check if you would like to receive a monthly superbill to seek reimbursement from your insurance provider.**

**CANCELLATION & NO-SHOW POLICY**

I agree to provide at least 24-hour notification if I need to cancel my appointment. If less than 24-hour notification is given, I agree to pay a cancellation fee of 50% of the cost without receiving the services. If I fail to show up to my appointment, I agree to pay a cancellation fee of 100% of the cost without receiving the services.

(Initial: \_\_\_\_\_)

I have read all of the above. I have been given the opportunity to ask questions regarding its contents and any program or services to be provided by Jennifer Putt PT. By signing below, I agree to all of the above. I acknowledge that at any time, Jennifer Putt PT may refuse services for any reason. I also understand that at any time I may withdraw my consent through written communication and all programs and services will be terminated.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

PARENT OR LEGAL GUARDIAN (REQUIRED IF UNDER 18)

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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