

## **Patient Agreement for Services and Release of information**

This agreement is between the Physical Therapy & Wellness Institute, Inc., (PTW) and \_\_\_\_\_ (the patient).

Because services are to provided to me by PTW, I agree to the following:

1. **Treatment Authorization:** Since my state of health requires the services of PTW, of my own free will, I agree to actively participate in these services such as assessments, treatments, personal care, and therapeutic exercises prescribed by my physician, and given by the Physical Therapy staff of PTW. I understand that PTW has specific policies, and that these policies include that services can be stopped at any time by my request, the request of my physician, and/or the decision of PTW. I agree to follow all the terms of these PTW policies.
2. **Non-Discrimination:** PTW and the patient agree that services are given without regard to race, color, sex, age, national origin, or handicap.
3. **Release of Information:** I give PTW my permission to give needed information from my records to any of my insurers and to all other agencies, institutions, or individuals from whom I have received health or social services for the release of information to PTW.
4. **Medicare-Title XVIII of the social security act:** I understand that I need to give information so that PTW can apply for and receive payment under this Medicare Act. By signing this, I certify that information given by me is correct.

### **Patient Agreement:**

I agree to attend when scheduled.  
I agree to be respectful towards other patient's privacy.  
I agree to give good effort in my rehabilitation program.

### **PTW Agreement:**

We agree to have staffing available to attend your needs.  
We agree to give you the privacy that you expect.  
We agree to provide you with quality Physical Therapy to help you achieve a higher level of performance at *your body repair stop*.

I am the patient, or the responsible party, signed below. I read and understood this agreement.