

Policies and Procedures

1) Payment and Missed Appointment Policies

I have read and fully understand the payment and missed appointment policies and procedures of Functional Fitness and Physical Therapy, LLC and agree to these terms (see following page).

2) Authorization

I, _____ hereby authorize Functional Fitness and Physical Therapy, LLC to release my Protected Health Information relative to any outpatient therapy treatment to any third party payer(s) financially responsible for these services or to my referring and/or primary care physician or therapist. I am aware that Functional Fitness and Physical Therapy, LLC will use only the minimal amount of information necessary for my treatment and payment of my services in accordance with the Health Information Privacy Act according to the U.S. Department of Justice.

3) HIPPA/Notice of Privacy

I hereby attest that I have seen Functional Fitness and Physical Therapy's Notice of Privacy (see last page). I have the right to request restrictions on the use of my information and to revoke my consent at a later date.

4) Consent for Treatment

I _____, (client) consent to services including a physical therapy evaluation and treatment, by Functional Fitness and Physical Therapy, LLC. I have been notified of my rights to refuse treatment at any time during the evaluation or treatment session(s). I have informed the Physical Therapist of any physical or medical conditions or medications and will keep the therapist updated with any changes. I will also notify the therapist of any changes in my health or reactions to treatment. I have the right to revoke this consent at any time by written request to my provider.

Please sign to indicate that you have read and fully understand the above 4 policies and procedures of Functional Fitness and Physical Therapy, LLC and agree to these terms.

Signature of Patient or Guardian if under 18 years

Date

We appreciate your patronage, if you have any questions or concerns please ask.

PAYMENT AND MISSED APPOINTMENT POLICIES

Unlike many other physical therapy practices, we are proud to provide high quality **individual appointment sessions** with a licensed physical therapist. We take your health care very seriously and want to provide the highest quality of care possible. Our unique approach allows **exceptional results and a high rate of patient satisfaction**.

Cancellation Policy: Missed appointments can slow your progress, recovery and are costly to the practice. If you need to cancel an appointment, kindly notify our office **at least 24 business hours prior** to your scheduled appointment. Failure to do so will result in an office charge of **\$25.00** per occurrence, which your insurance company will not cover. This amount will be collected directly from you at your **next scheduled visit**. We have to cover our therapist and administrative costs. If we are given ample notice, we often can fill the appointment slot with a patient on our waiting list. Even if you need to cancel at the last minute, please call.

No Show Policy: If you fail to show up for a scheduled appointment, a **\$25.00** no show fee will be charged to you. If you need to cancel an appointment, kindly notify our office **at least 24 hours prior** to your scheduled appointment. **If we fill your appointment slot, you will not be charged.**

Reminder Calls: We **attempt** to provide you with a reminder email, call or text as a courtesy, however ultimately it is your responsibility to attend your scheduled appointment.

**** We do understand that unforeseen matters of sickness or emergencies occur that you cannot control, unfortunately we may still need to charge for these missed appointments.** These unfilled appointment slots will prohibit us from offering this unique high level of individual care. Thanks, for your understanding and cooperation of this matter.

Late Policy: If you think you will be late for your appointment, please call and inform us. We will try to accommodate you; however, your treatment session may need to be reduced because of time restraints of the next scheduled patient. We try to keep on schedule for the courtesy of our patients. If you are more than **30 minutes** late we **may** need to reschedule.

Payment Policy: If your insurance requires a co-payment, it will be due at the time of service. Payments can be made by **cash, check or credit card**. Although we participate with some insurance companies, there are others in which we do not participate in or are not a preferred provider. If we do not participate with your insurance company, payment is expected at the time of service. An itemized receipt will be provided. This receipt can be used for you to submit to your insurance carrier, if you have out of network benefits. Please understand, we are not liable if your insurance does not cover your visits or reduces the amount paid because authorization was not obtained. Some insurance companies require authorization or a referral for physical therapy. Although we will assist you in this matter, ultimately this is your responsibility to obtain. Some insurance plans involve a deductible. It is your responsibility to determine if you have already met your deductible; if you have not, you will be responsible for payment of your physical therapy session once we receive an Explanation of Benefits statement (EOB) from your insurance carrier.

I understand that I am solely responsible for the balance due on my account. I agree to pay the unpaid balance due. If your account balance matures to over 120 days and remains unpaid, you will be sent a collection notice and your account will be sent to our attorney for collection. If your account is in default and is sent to collections, attorney fees, court cost and interest of 1% a month will be assessed to your account. All of which you the payer will be responsible. We hope that this is not necessary; however, we are legally required to notify you of this.

NOTICE OF PRIVACY

This notice describes how medical and personal information about you may be used or disclosed and how you can obtain access to this information. Please review this form carefully.

OUR LEGAL DUTY

Functional Fitness and Physical Therapy, LLC is required by law to protect the privacy of your personal health information, provide notice about our information management practices, and follow the information protocols described.

USES AND DISCLOSURES OF HEALTH INFORMATION

Functional Fitness and Physical Therapy, LLC uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we provide. We use your personal information to contact you to arrange an appointment with us and to properly bill for the services we provide to you. In addition, we may disclose your health information without prior authorization for public health purposes, auditing tracking, and research studies. In any other situation, Functional Fitness and Physical Therapy, LLC, will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to cease further disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Privacy will be available. You may request a copy of our Notice of Privacy at any time. Our HIPAA Compliance Officer is Sarah Anestam. She can be reached at 508-682-0186.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we disclosed your personal health information for reasons other than treatment, payment, or related administrative purposes. You may request in writing that we not use or disclose your personal health information for reasons other than treatment, payment, or related administrative purposes except when specifically authorized by you, when required by law, or in an emergency.

CONCERNS AND COMPLAINTS

If you are concerned that Functional Fitness and Physical Therapy, LLC may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, Sarah Anestam, at the address and number listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

Functional Fitness and Physical Therapy, LLC
HIPAA Compliance Officer
Attention: Sarah Anestam
50 Oliver Street, W-2B
N. Easton, MA 02356
508-682-0186