



# Functional Fitness and Physical Therapy, LLC

## Attendance and Missed Visit Policy

Functional Fitness and Physical Therapy (FFPT) is proud to provide high quality individual appointment sessions with a licensed physical therapist. Only one client is scheduled at a time, allowing for one-on-one sessions with a specific physical therapist. This gives your therapist the ability to fully supervise, educate and perform hands-on treatment as needed. FFPT's unique approach allows exceptional results and a high rate of patient satisfaction, usually requiring less treatment visits than with traditional physical therapy practices. Missed appointments can slow your progress, recovery and are costly to the practice.

If you need to cancel an appointment, kindly notify the office at least **24 hours** prior to your scheduled appointment. Failure to do so will result in an office charge of **\$25.00** per occurrence.

If you fail to show up ("No-Show") for a scheduled appointment, a **\$25.00** no-show fee will be charged to you. Furthermore, 2 consecutive no-shows will result in the cancellation of all remaining scheduled appointments.

If you think you will be late for your appointment, please call and inform FFPT. All efforts will be made to accommodate you; however, your treatment session may need to be reduced because of time constraints due to the next scheduled patient. If you are more than 20 minutes late you may need to be rescheduled. If you are more than 30 minutes late and fail to notify the clinic, treatment may be cancelled and a **\$25.00** fee charged for missing the appointment.

Your insurance company will not pay for any cancellation fees. Any fees accrued will be collected from you at your next scheduled appointment.

It is understood that unforeseen matters of sickness or emergencies occur that you cannot control, unfortunately you may still be charged for these missed appointments. These unfilled appointment slots will prohibit FFPT from offering this unique high level of individual care to patients. Thank you for your understanding and cooperation in this matter.

I have read and fully understand the Attendance and Missed Visit Policy of Functional Fitness and Physical Therapy, LLC and agree to these terms.

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Functional Fitness and Physical Therapy, LLC

**Please initial the following:**

**\_\_\_ Consent for Treatment**

I consent to services including a physical therapy evaluation and treatment and or fitness assessment and programming, by Functional Fitness and Physical Therapy, LLC (FFPT). 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.

**\_\_\_ Authorization to Release Information/HIPAA Release Form**

I hereby authorize Functional Fitness and Physical Therapy, LLC to release my Protected Health Information relative to any Physical Therapy treatment to any third party payer(s) financially responsible for these services or to my referring and/or primary care physician. 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 The Health Insurance Portability and Accountability Act according to the U.S. Department of Justice.

**\_\_\_ Payment Policy and Financial Agreement**

Please check one:

- I am using my Health Insurance for Physical Therapy Services  
 I am paying cash for Physical Therapy and or Fitness Services

**\_\_\_ Health Insurance 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. A \$35 returned check fee will be charged for any returned checks. I agree to pay for equipment and supplies not covered by my insurance company. FFPT is 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 FFPT 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 FFPT receives an Explanation of Benefits statement (EOB) from your insurance carrier. I understand that I am solely responsible for the balance due on my account.

**\_\_\_ Cash Payment Policy**

I understand that I am paying cash for Physical Therapy and or Fitness Services and do not expect Functional Fitness and Physical Therapy, LLC to submit any claims to my health insurance carrier. I understand that I am legally responsible for payment of all services.

**\_\_\_ HIPAA/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.

Please sign to indicate that you are in agreement with all of the above Policies.

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### HIPAA Release Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Release of Information

I authorize the release of information including the diagnosis, records, examination and treatment rendered to me and claims information.

This information may be released to:

- Spouse: \_\_\_\_\_
- Child(ren): \_\_\_\_\_
- Other: \_\_\_\_\_
- Information is not to be released to anyone

#### Messages

##### **Please call:**

- my home: \_\_\_\_\_
- my work: \_\_\_\_\_
- my cell number: \_\_\_\_\_

##### **If unable to reach me:**

- you may leave a detailed message
- please leave a message asking me to return your call
- do not leave a message

This Release of Information will remain in effect until terminated by me in writing.

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## 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. Your personal information will be used to contact you to arrange an appointment with us and to properly bill for the services we provide to you. In any other circumstances, Functional Fitness and Physical Therapy, LLC, will obtain your written permission and authorization before disclosing your personal health information. If you provide FFPT with a 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 the privacy and confidentiality policies of FFPT, a new Notice of Privacy will be available. You may request a copy of the Notice of Privacy at any time. The HIPAA Compliance Officer for FFPT 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 FFPT correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where FFPT disclosed your personal health information for reasons other than treatment, payment, or related administrative purposes. You may request in writing that FFPT 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 the HIPAA Compliance Officer for FFPT, 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