

MOVIN' & GROOVIN' CHILDREN'S THERAPY SERVICES, INC.

CONSENT FOR PHYSICAL THERAPY SERVICES

1. CONSENT FOR TREATMENT

I hereby authorize and voluntarily consent to Movin' & Groovin' Children's Therapy Services, Inc. and its employees or contracted therapists providing _____ (hereafter referred to as "the patient") with therapeutic services and/or treatment considered reasonably necessary for the patient's current episode of illness. I consent to care and treatment that falls within the scope of physical therapy practice as defined by the state of Georgia and the American Physical Therapy Association. I understand that the practice of medicine and physical therapy is not an exact science and that treatment will involve physical participation on the part of the patient which may involve risks of injury. I acknowledge that no guarantee has been made to me as the result of evaluation and/or treatment. Acting on behalf of the patient, I consent to a continuing course of medical treatment including but not limited to diagnostic tests, physical evaluations, and therapeutic services.

2. PHOTOGRAPHS AND VIDEOTAPE:

I understand that photography and/or videotaping may be taken during treatment or evaluation and may be used for teaching, educational, or research purposes without identifying the patient by name.

3. PERSONAL VALUABLES:

It is understood and agreed that Movin' & Groovin' Children's Therapy Services, Inc. shall not be responsible or liable for any loss, theft, misplacement, or damage of any valuables and personal belongings.

4. USES AND DISCLOSURE OF HEALTH INFORMATION:

The patient's health record, including the original paper record and electronically stored health information is the property of Movin' & Groovin' Children's Therapy Services, Inc. All patient care information shall be regarded as confidential and available only to authorized users. I consent to the disclosure of health record information to members of the medical, clinical, and professional staffs who have a right to access the information.

Movin' & Groovin' Children's Therapy Services, Inc. uses health information about the patient for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care the patient receives. Movin' & Groovin' Children's Therapy Services, Inc. may use or disclose identifiable health information without your authorization for several other reasons. Subject to certain requirements, Movin' & Groovin' Children's Therapy Services, Inc. may give out health information without my authorization for auditing purposes, for research studies, and for emergencies. Movin' & Groovin' Children's Therapy Services, Inc. provides information when otherwise required by law, such as for law enforcement in specific circumstances.

5. CONSENT FOR RELEASE OF INFORMATION FOR PAYMENT PURPOSES:

I hereby authorize Movin' & Groovin' Children's Therapy Services, Inc. to release to any insurance carrier, employer, government or social service agency, welfare program, or other payor or provider of medical benefits which may or will pay for any part of therapeutic service expenses incurred, any information pertaining to the patient's care or account, whether before, during or after the patient's therapeutic services, for the purpose of evaluating and processing claims for payment for the patient's care with Movin' & Groovin' Children's Therapy Services, Inc. This includes release to the patient's physician for his or her ability to procure payment for services provided by Movin' & Groovin' Children's Therapy Services, Inc. I further authorize Movin' & Groovin' Children's Therapy Services, Inc. to disclose information regarding the patient's medical care and or encounter information to the designated utilization or peer review organization of the patient's insurer, employer, other payor, or collection agency as may be necessary to effectuate payment for the patient's care. This information may be released via electronic copy, hard copy, or fax.

I hereby authorize Movin' & Groovin' Children's Therapy Services, Inc. to disclose information from the patient's medical record/account to referring or primary care physicians and or their office staff. I hereby release Movin' & Groovin' Children's Therapy Services and its directors, officers, employees, contracted therapists from any and all liabilities, responsibilities, damages, losses, and claims which may arise from the

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release of information authorized above. In furtherance of the authorization, I hereby waive all privileges and provisions of the law relating to the disclosures hereby authorized.

6. **GUARANTEE OF PAYMENT:**

I, the undersigned, agree that in consideration of the services to be rendered to the patient, I individually obligate myself to promptly pay Movin' & Groovin' Children's Therapy Services, Inc. I understand that services rendered by Movin' & Groovin' Children's Therapy Services, Inc. are charged to the patient and not to the insurance company. Movin' & Groovin' Children's Therapy Services, Inc. cannot accept responsibility for collecting claims or negotiating disputed claims settlements. I agree to be responsible for all deductibles, coinsurance, and non-covered portions of services performed.

7. **ASSIGNMENT OF BENEFITS:**

In the event the patient is covered by, or entitled to payments arising out of any policy of insurance or benefit plan insuring the patient, or any party liable to the patient, for treatment received with Movin' & Groovin' Children's Therapy Services, Inc., all coverage and payments are hereby assigned to Movin' & Groovin' Children's Therapy Services, Inc. I have disclosed all known and potential insurance coverage sources and understand this assignment of benefits does not relieve me of the obligation to pay for services the patient receives from Movin' & Groovin' Children's Therapy Services, Inc. I authorize Movin' & Groovin' Children's Therapy Services, Inc. to coordinate benefits, apply payments and process refunds.

8. I certify that I have read and understand this consent. This form has been fully explained to me and I certify that I understand its contents and accept its terms. I have signed this consent in the capacity indicated below at the date and time indicated below:

_____ As a parent (whether an adult or minor) consenting for his or her child.

_____ As a legal guardian consenting for his or her ward.

_____ As a person temporarily standing in "loco parentis," whether formally serving or not, consenting of the minor under his or her care

_____ As a grandparent, in the absence of a parent or legal guardian, consenting for his or her minor grandchild.

NAME(PLEASE PRINT)	SIGNATURE	RELATIONSHIP TO PATIENT	DATE
WITNESS(PLEASE PRINT)	SIGNATURE		DATE
SECOND WITNESS (FOR TELEPHONE CONSENT ONLY)	SIGNATURE		DATE