

## Rehabilitation Treatment Agreement

Account Number:

Name:

As part of my rehabilitation treatment by physical and/or occupational therapy, I agree as follows:

1. I will inspect the facilities and equipment before each usage.
2. I will immediately advise my therapist of a potentially unsafe condition and may decline to participate in any activity involving a potentially unsafe condition.
3. I will follow the advice and instructions of my therapist, which includes (but is not limited to) refraining from using electronic devices (e.g., cell phones, iphones or other texting devices) during usage of the facilities and equipment.
4. I am aware that stretching and strengthening associated with my therapy may result in temporary mild-to-moderate discomfort and/or pain.
5. I will immediately report any unusual, significant, severe or persistent changes in my symptoms/condition to my therapist.
6. I am aware that therapy carries a risk of permanent or temporary injury.
7. I understand that my therapy involves manual (hands-on) evaluation and treatment and that I should immediately communicate any touching that makes me uncomfortable to my therapist and to his/her supervisor.
8. I am free to choose a provider other than Coordinated Health for my therapy.
9. I will check the status of my co-pay/deductible and future appointments at the front desk at each therapy visit.
10. I understand that it is important to attend my scheduled therapy appointments and that failure to be punctual or a recurrence of no-shows or cancellations may result in me being discharged from therapy.
11. If I need to cancel my appointment, I agree to provide at least 24 hours notice.
12. In the event of three or more cancellations or no-shows without sufficient notice, I understand that I may be discharged from therapy..

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If the person participating in therapy is not yet 18 years old: As parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date