



NEW DIMENSIONS
physical therapy

Receipt and Acknowledgement of Notice of Privacy Practices

By signing below, I acknowledge that I have had the opportunity to review the Notice of Privacy Practices for New Dimensions Physical Therapy. (This notice is posted in the New Dimensions Physical Therapy patient waiting area.)

Name of Patient (Print)

Date

Signature of Patient or Patient Representative

Date

Medically Informed Consent

I voluntarily consent to physical therapy treatment and services deemed necessary by my physical therapist and/or physician. I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services at New Dimensions Physical Therapy (Kern-Steiner Inc). It is this clinic's sincere intent to educate me on every process including billing, treatment, and eventually discharge from their services. Therefore, if "hands-on" manual or exercise techniques or the use of equipment (such as a TENS unit) being used are not understood, it is my responsibility to obtain a clearer understanding of what the therapist's objectives and outcomes are and how he/she is trying to achieve them.

This consent shall be ongoing for the duration of my care at New Dimensions Physical Therapy.

I, _____, have read this form and fully understand and accept its terms and conditions.

Signature of Patient or Patient Representative

Date

If the patient is unable to sign this consent form, their authorized representative will complete the remainder of this form and sign below:

I, _____, am consenting for _____
and have read this form and fully understand and accept its terms and conditions.

Signature of Patient or Patient Representative

Date

Reason patient was unable to consent

Witness Signature

Date

Kern-Steiner, Inc.