

## General Policy & Procedures

### **Self-Pay:** (specialized training & physical therapy clients):

Action Sports Medicine offers a number of payment options, including Master Card, AmEx and VISA. Payments are due on the date of service. Payment of multiple sessions is due on the date of the 1<sup>st</sup> session. Detail of services and their corresponding costs will be explained before each session.

### **Cancellations/No-Shows:**

As a courtesy to our staff and clients we would appreciate all cancellations be made 24 hours in advance. There is a session fee for No-Shows or cancellations made less than 24 hours.

### **Consent for Testing & Treatment:**

By signing below you are authorizing the therapists, rehabilitation workers and employees of Action Sports Medicine (and persons authorized by such other institutions as may be requested by Action Sports Medicine) to carry out examinations, testing procedures and treatment deemed necessary and advisable for your diagnosis, treatment and continuing care.

### **Notice of Privacy Practice:**

By signing below you acknowledge that you have received and read the Notice of Privacy Practice (please download from website or one may be given to you in the clinic). Disclosure of your protected health information will solely be utilized for the purpose of physical therapy evaluation and/or providing treatment, coordination with an appropriate vendor for durable medical equipment needed for you, obtaining payment from insurance carrier(s). You have the right to request a restriction as to how your health information is used or disclosed in respect to your care with our practice.

**By signing below you acknowledge having read and understand the above policies/procedures.**

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Print Full Name

Signature of Patient/Client

Date

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Legal Guardian (if client under 18)

Signature of Legal Guardian

Date

