

Informed Consent/Release of Liability

Participation in any activity with “Parsons Physical Therapy & Consulting” indicates that this informed consent/release of liability has been read and understood, and that I voluntarily agree to its terms.

I recognize “Parsons Physical Therapy & Consulting” will always attempt to act in my best interest, however I understand my participation brings risks of physical damages, or loss. Recognizing such, I voluntarily choose to participate in activities guided by “Parsons Physical Therapy & Consulting”. I hereby fully release and discharge “Parsons Physical Therapy & Consulting” and its employees from all liability of injury, harm, and damages which may be sustained as a result of interactions.

I recognize that a diagnosis provided by “Parsons Physical Therapy & Consulting” is not an official medical diagnosis. I understand that further medical examinations, imaging, etc, may be required to determine diagnosis.

In the event of an injury or emergency, I authorize “Parsons Physical Therapy & Consulting” to act, according to their best judgement, to secure a hospital, licensed practitioner, or other medical personnel for treatment as deemed necessary for my immediate care, and agree that I will be responsible for payment of any medical services provided.

I am aware that “Parsons Physical Therapy & Consulting” does not network directly with insurance providers and that payment for services will be required, made directly to “Parsons Physical Therapy & Consulting”, upon completion of each appointment. I am aware that I will be provided an itemized invoice/superbill, detailing services provided and payments made, to which I may personally submit to my insurance company for reimbursement.

Patient Name

Signature

Date