

Melissa Barrett PT, P.C.

200 Hempstead Ave. Rockville Centre NY 11570 phone: 516-317-6647 Fax: 516-600-9391 email: melissabarrettpt@gmail.com

Statement of Office Policy

Patient Name: _____

I do hereby consent to the evaluation and treatment of physical therapy services by Melissa Barrett PT, PC. I understand it is my right to accept or refuse any treatment offered to me. I acknowledge and understand that no guarantee has been made to me as to the results that may be obtained from such treatment.

RELEASE OF INFORMATION

I AUTHORIZE Melissa Barrett PT, PC to release information from my medical records, whether it be written, video, photographic, audio or verbal to my physician and/or any third party payer (such as, insurance company or governmental agency) for its use in processing claims for payment. I understand the nature of the authorization and have been informed that I have the right to revoke consent at any time by written communication with the custodians of records. I consent to the use of non-personally identifying information from my medical record for the purpose of outcome analysis. I consent to the release of my medical information to my referring physician and insurance company for communication and care coordination on my behalf. I acknowledge that the contents of the information disclosed may include HIV/AIDS related diagnosis, drug and alcohol and psychiatric diagnosis.

PRIVACY PRACTICES

I acknowledge receipt of the Melissa Barrett PT, PC Notice of Privacy Practices, which I have reviewed at the time of this admission or previously.

FINANCIAL AGREEMENT

The undersigned agrees, whether signing as an agent or patient that s/he individually obligates her/himself to pay for services rendered in accordance with the regular rates and terms of Melissa Barrett PT, PC at the time of service. The undersigned is aware that Melissa Barrett PT, PC is an out of network provider and fee will be paid at the time of service. Melissa Barrett PT, PC will give all appropriate paperwork to agent or patient to submit to their insurance company themselves.

Medicare patients: Melissa Barrett PT, PC is an out of network provider. Any treatment that you receive cannot be submitted to Medicare and is not eligible for reimbursement. The undersigned certifies the s/he has read, understand and accepts the terms of this form, received a copy and is the patient or is duly authorized by the patient as the patient's general agent to execute this form.

Signature of patient or responsible party

Date

Witness

Date%%