# Day One Physical Therapy & Wellness
## CONSENT FORM/ASSIGNEMENT OF BENEFITS/PRIVACY PRACTIES

Please initial the following:

_____ I hereby agree and give my consent for Day One Physical Therapy & Wellness to provide physical therapy treatment. I authorize Day One Physical Therapy & Wellness to release and obtain all information necessary from my referring physician, other physicians, insurance carriers or third party payors. I hereby assign Day One Physical Therapy & Wellness all payments for services rendered to myself or my dependents and understand that I may be responsible for any uncovered charges.

_____ I have been notified of this office's ***Notice of Privacy Practices (HIPPA)***

Signature of patient: _____ Date: _____

(Parent or Guardian, if applicable) _____ Date: _____

- Are you receiving any kind of health services in your home? _____YES _____NO
- Is there any attorney involved in your case history? _____ YES _____NO