

FARRELL AND ASSOCIATES PHYSICAL THERAPY
8218 Wisconsin Avenue, Suite 218
Bethesda, MD 20814
SHEILA FARRELL, PT

PATIENT AND THERAPIST AGREEMENT OF OFFICE POLICY

As our patient you can expect to attain needed medical care that is provided by this practice. You will be treated with consideration and respect by an attentive and professional staff.

You have the right to obtain complete information regarding diagnosis, treatment and prognosis. This information should be communicated in terms that you understand. You can expect the utmost confidentiality regarding medical records and care.

Medical records will be transferred or released upon receipt of a signed medical release form and payment of the medical records copying charge (records will be released to a physician free of charge). We will be in touch with your physician regarding your treatment plan.

PATIENT RESPONSIBILITIES:

As a patient of Farrell and Associates Physical Therapy, I understand it is my responsibility to provide accurate and complete information regarding medical needs, medical history, medications, demographics and health insurance.

It is my responsibility to report changes in my medical condition, medications, demographics, or insurance to the physician and/or staff.

It is my responsibility to request additional information about my medical condition or treatment when I do not fully understand the information or instructions given to me.

If the provider bills a carrier on my behalf, I authorize the carrier to make payment of medical benefits directly to provider. I fully understand and agree that I am legally responsible to provider for payment in full of all services rendered to me by the provider.

In the event that I fail to give **24 hour notice when canceling an appointment** I agree to pay a **\$50.00 fee**. The \$50.00 fee also applies to no-shows.

I understand that when I arrive late I will be given only the time left of my appointment allotment.

PHYSICAL THERAPIST RESPONSIBILITIES:

Your physical therapist will see you in a timely fashion. If the therapist is late, you will be given your full appointment allotment.

Your physical therapist will answer questions to the best of her ability. If you are unsure of any aspect of care be sure to ask for clarification.

Your physical therapist will strive to return calls within one (1) business day.

Should your physical therapist decide to terminate services you will be given the names of other qualified physical therapists.

I appreciate the opportunity to assist in your functional recovery and rehabilitation.

Sheila Farrell, PT

Sheila Farrell, PT

Patient Signature

Date