

Patient Name: _____ Date of Birth: _____

NOTICE OF PRIVACY PRACTICES

This is to certify that I have been given or have been offered a copy of the NOTICE OF PRIVACY PRACTICES.

I have accepted a copy of the NOTICES OF PRIVACY PRACTICES.

Signature of Patient or Guardian _____ Date: _____

Please initial each of the following:

CONSENT TO TREATMENT: I consent to rehabilitation and related services at MICHIGAN ORTHOPAEDIC REHABILITATION/MICHIGAN HAND THERAPY in so doing, I understand, acknowledge and affirm that such rehabilitation and related services may involve bodily contact, touching, and/or direct contact of a sensitive nature. _____

TREATMENT OF MINORS: I, as parent/guardian of a minor receiving treatment hereunder, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so. _____

LIABILITY: I know and agree that MICHIGAN ORTHOPAEDIC REHABILITATION/MICHIGAN HAND THERAPY is not responsible for loss or damage to personal valuables. _____

WAIVER AND RELEASE: I hereby release, discharge and acquit MICHIGAN ORTHOPAEDIC REHABILITATION/MICHIGAN HAND THERAPY, its agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and or medical services, including but not limited to ambulance service, Emergency Medical Technician, physician or urgent care services. _____

In addition, we cannot provide infant and child care. Thus, for safety concerns, children MUST be supervised at all times, in all treatment and waiting areas. Children are NOT allowed in the gym unless they are a patient accompanied by a therapist. _____