



Policies and Procedures

Welcome and thank you for choosing Encore Physical Therapy and Sports Rehabilitation. Services will be provided in the client's place of residence or other location deemed appropriate. All necessary equipment will be provided by the therapist during each treatment session. Utah is a direct access state for physical therapy and does not require a patient to have a physician referral to begin or receive physical therapy treatment. However, if at any time while under the care of the physical therapist, signs and symptoms are not in the scope of physical therapy, the client will be referred to their primary care physician or other appropriate health care professional.

Notice of Privacy Practices

Encore Physical Therapy and Sports Rehabilitation is committed to protecting the privacy of all our clients. In compliance with the Health Insurance Portability and Accountability Act (HIPAA), we will not disclose Protected Health Information (PHI) without the client's written authorization with the exception permitted by law for purposes as it relates to the client's plan of care and treatment. In some cases, it may be necessary to disclose PHI with other health care professionals if a referral to them is necessary. We will not disclose your medical records to any third party, including your health insurance carrier. We reserve the right to update this privacy notice at any time in which the client will receive the revised notice.

Patient Consent to Treatment

Treatment will be based upon medical history, severity of injury, pain, age, co-morbidities, and other pertinent factors. Following the evaluation, the therapist will create a plan of care that may include but is not limited to manual therapy, therapeutic exercise, soft tissue mobilization, joint manipulation, patient education, instrument assisted soft tissue mobilization, and neuromuscular re-education. Some of the hands-on techniques that are utilized may produce redness, increased soreness, bruising, or a referral of symptoms to other parts of the body. Results and recovery time will vary on an individual basis.

The client may be asked to expose the region(s) of the body being treated, so it is advised to wear appropriate clothing. If an individual is at any point uncomfortable, please let the treating therapist know immediately.

Cancellation Policy

In order to maintain efficient scheduling and to best accommodate our clients, Encore Physical Therapy and Sports Rehabilitation requires a **24- hour** cancellation notice prior to scheduled appointments. A no show is considered a cancellation and is subject to a fee. A \$35 cancellation fee will be billed to the client upon violation of this policy. We understand emergencies and illnesses occur and will be excusable of the cancellation fee if deemed appropriate.

Payment Agreement

Encore Physical Therapy and Sports Rehabilitation is a concierge service and operates as an out-of-network provider. Insurance is not accepted, meaning we will not bill your insurance provider for services rendered. The client is financially responsible for payment in full at the time services are provided. Upon request, Encore Physical Therapy will provide an invoice detailing the services provided at each session; this may be submitted by the client to their respected insurance provider for possible reimbursement. It is up to the client's insurance company to determine if and how much reimbursement is available. Credit cards, debit cards, cash, health savings accounts and flexible spending accounts are accepted forms of payment.

Waiver and Release of Liability

I fully understand and agree that participating in therapeutic activities and physical therapy treatments provided by Encore Physical Therapy and Sports Rehabilitation poses inherent risks that may result in bodily injury. I accept responsibility and assume all risks for any harm, damage or injury caused in part or whole by the conduct of employees of Encore Physical Therapy and Sports Rehabilitation. I agree to release and hold harmless Encore Physical Therapy and Sports Rehabilitation and its employees from all claims for bodily injury or property damage that may occur with use of equipment and participation in physical therapy services.

I have read and agree to relieve Encore Physical Therapy and Sports Rehabilitation from any liability for injury or property damage caused by negligence or any other cause.

I have read and understand the above policies and procedures and by signing below, agree to the terms as stated.

Name (Print): _____ Date: _____

Signature: _____

If this release is obtained from a client under the age of 18 years old, then the signature of the client's parent/legal guardian is also required:

Name (Parent/Legal Guardian): _____ Date: _____

Signature: _____