



Heal better, live better.

Consent and Waiver Form

Thank you for choosing My PT as your Physical Therapy partner! Before working together, please review the following and sign to acknowledge.

- My PT promises that each client is respected and treated lawfully
- There is no guarantee of outcome
- Payment is due at time of service
- Please communicate any questions, problems, or concerns about examination, treatment, payment, scheduling or transportation
- We ask that you provide any medical history, symptoms, medications or other relevant issues to My PT
- Cancelling or rescheduling appointments require at least 24 hours' notice, otherwise you may be charged a \$75 fee
- All personal, medical, and payment information is stored securely

My PT practices safe and effective treatment techniques to treat pain and train movement. It is important to understand that every person's body may react differently to treatment and several factors are considered before treatment begins. We ask for your trust to help achieve your physical goals. The following are brief statements about some of the most serious risks associated with certain treatments. By practicing safe and thought-out care, the risk is significantly minimized. You may refuse or choose a different treatment at any time. Please ask questions.

Exercise may trigger a heart attack, stroke, or muscle tear

Dry needling may cause lung collapse, infection, or nerve injury

Spinal manipulation may result in stroke, fracture or nerve injury

Taping may result in a life-threatening allergic reaction

Doing nothing may make your condition worse over time

I consent to working with My PT and acknowledge the statements above.

Name: _____ Date: _____

Signature: _____



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COVID-19 Statement

Due to the pandemic and risk of infection of the coronavirus, My PT is taking serious precautions to maintain the health and well-being of our clients and employees. We will be open for in-clinic sessions for our current and new clients with limited hours for now with plans to expand hours in the future.

Please wear a facemask of your choosing when entering the clinic at 108 Congamond Road Southwick MA 01077. The coronavirus does not always display symptoms and a facemask can help prevent the spread of water droplets that potentially carry the virus. We will not provide these for you. You may be asked to leave until you can provide adequate coverage during a session.

We expect to have close contact during an in-clinic session. The therapist will wear disposable gloves for any hands-on testing and treatment. Physical Therapy work is considered "essential" and we take the approach to treat pain and train movement, mindfully, so we all can go home safely, confidently.

Before entering the clinic you will be asked a series of questions, then have your temperature taken with a non-contact thermometer, and before we begin our session you will be asked to wash your hands for 20 seconds with soap and water or you may thoroughly apply hand sanitizer that we provide.

Virtual Sessions

If you would rather to have Virtual Custom Physical Therapy sessions, we offer that, too. Payment will be asked for upfront with an e-mail or text with a Square Invoice. Pricing may vary, but not exceed the normal price of an in-clinic session as stated on our website at www.mypt.us.

General requirements for a Virtual session include:

- A reliable internet connection
- Computer or tablet with a camera and microphone
- Cell phone as a backup communication device
- Be indoors with a table or counter to put the computer/tablet,
- Set up a chair to sit facing the camera and monitor
- Have about 8-10 feet of space around you to move freely

Name: _____ Date: _____

Signature: _____



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Personal Injury and Automobile Accident Claims (only)

If you were injured and filed a claim with your automobile insurance company, another person's automobile insurance company or another type of medical claim that is considered a personal injury, you must agree to the following payment arrangement or pay normal rates at time of service:

- I will provide My PT all necessary information about the injury, insurance company and claim details
- I will provide My PT with the name and contact information for any personal injury attorney that is working with me
- I agree to have My PT submit insurance claims on my behalf and collect full payment directly from the insurance company
- I agree to pay My PT for any money that was paid to me from this insurance company for work performed by My PT
- I agree and understand that information documented in my chart and bills regarding this case will be disclosed to my personal injury attorney and the insurance company responsible for the claim
- If I do not have a personal injury attorney, the information will only be shared with the insurance company so payment can be processed
- If the insurance company determines that my claim is NOT their responsibility, then I will be responsible for paying My PT in full at the time of determination

Name: _____ Date: _____

Signature: _____