



# LIABILITY WAIVER

DR. KIMBERLY WHITCHER PT, DPT | REVIVE WELLNESS PHYSICAL THERAPY

I understand that I am a patient of Dr. Kimberly Whitcher, PT, DPT, who is an independent Physical Therapy practitioner practicing under Revive Wellness Physical Therapy.

## **COOPERATION WITH TREATMENT:**

I understand that in order for physical therapy to be effective, I must attend appointments, as scheduled, unless there are unusual circumstances that prevent me from attending therapy. I agree to cooperate with and carry out the home physical therapy program assigned to me. If I have difficulty with any part of my treatment program, I will discuss it with my therapist.

## **CANCELLATION/NO SHOW POLICY:**

I understand the greatest benefit from therapy is with consistent attendance and participation in my plan of care. To be courteous to other patients and our therapists, **we require a 24-hour (or greater) notice for cancellations.** I understand that if I cancel more than 24 hours in advance, I will not be charged. I understand that if I cancel less than 24 hours in advance, or fail to attend a scheduled appointment, I will pay a cancellation fee of half of the appointment will be billed upon violation of this policy. Appointments may be cancelled by phone, text, email, or in person. I understand that if I no show an appointment I will pay a no-show fee of the full appointment fee will be billed upon violation of this policy.

## **NO WARRANTY:**

**I understand that Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy cannot make any promises or guarantees regarding a cure for or improvement in my condition.** I understand that Dr. Kimberly Whitcher, PT, DPT will share with me her professional opinions regarding potential results of physical therapy treatment for my condition and will discuss treatment options with me before I consent to treatment.

## **LIABILITY:**

I understand and agree that Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy are not responsible for loss or damage to personal valuables.

## **WAIVER AND RELEASE:**

I hereby release, discharge and acquit Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy, its agents, representatives, affiliates and employees, 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 or paramedic services and physician or urgent care services.

## **INFORMED CONSENT FOR TREATMENT:**

The term "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services, and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition at any time. I understand that if I would like a second person present in the room during examination and/or treatment, then I will provide that person during my session and verbally let my therapist know that.



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Revive Wellness Physical Therapy is hands-on Physical Therapy. Thorough, highly specialized treatment consists primarily of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of deep tissue massage, therapeutic exercise programs, therapeutic activities, neuromuscular re-education, dry needling, myofascial release, bone and soft tissue manipulation, as well as other treatment modalities, may be used. Some of the hands-on treatment techniques require deep pressure or the use of needles, which may cause bruising and periods of increased soreness that could last from 6-72 hours. Your therapist will review your plan of care and discuss these treatment options with you in order for you to provide specific consent. Symptoms may also change and move to other parts of the body. This is not unusual, and it is rarely a concern. However, please ask if you have any concerns or questions. The number of treatments needed and recovery time can both vary due to the duration of injury, number of times injured, age of patient and many other contributing factors.

## POTENTIAL RISKS:

I understand I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury. This discomfort is usually temporary. If it does not subside in 24 hours, I agree to contact my physical therapist.

**Potential benefits** may include an improvement in my symptoms and an increase in my ability to perform my daily activities. I may experience increased strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

## ALTERNATIVES:

If I do not wish to participate in the therapy program, I will discuss my medical, surgical or pharmacological alternatives with my physician or primary care provider.

I hereby give authorization and consent to be treated by Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy for the injury/illness for which I have consulted. In doing so, I voluntarily consent to the rendering of such care within the physical therapy scope of practice by the state of Texas Statutes, in the judgment of my therapist, as deemed necessary.

I understand, acknowledge and affirm that such rehabilitation and related services may involve body contact, touch and/or direct contact of a sensitive nature. I understand that to evaluate my condition, it may be necessary to have **my therapist perform an internal pelvic floor muscle examination for treatment. This examination is performed by observing and/or palpating internal pelvic floor structures and then performing treatment in the perineal region including the vagina and/or rectum. I understand that I can terminate the evaluation and/or treatment at any time. I understand that if I would like a second person present in the room during examination and/or treatment, then I will provide that person during my session and verbally let my therapist know that.**

I acknowledge that no guarantees have been made to me as the results of examination or treatment by Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy.

I understand and agree that Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy provides in-home physical therapy treatment for my convenience. I hereby consent to allow Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy to come into my home and provide such physical therapy services.



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### RELEASE OF MEDICAL RECORDS:

I understand and agree that Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy will maintain my privacy to the highest standards and may ONLY use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment involved in my medical care.

I agree that Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy may obtain information from others who have provided medical care to me and/or are responsible for the payment of all or part of my bills when this information is needed in order to treat, bill, and/or receive payment.

I authorize the release of my medical records to my physicians/primary care provider, other medical providers, or insurance companies.

### NOTIFICATION OF HIPAA

I acknowledge that I have received or been offered a copy of Revive Wellness Physical Therapy Notice of Privacy Practice, which describes how my PHI is used and shared. I understand that Revive Wellness Physical Therapy has the right to change this notice at any time. I may obtain a current copy by contacting Revive Wellness Physical Therapy. My signature below acknowledges that I have been offered a copy or provided with a copy of the Notice of Privacy Practice.

### FINANCIAL AND INSURANCE RESPONSIBILITIES:

I understand the Revive Wellness Physical Therapy is a fee-for-service clinic and will not bill my insurance company. I agree to pay for my evaluation and treatments at the time of service, by cash, check, or charge card unless other mutually agreed upon arrangements have been made. I understand Texas is a direct access states and a physician's referral is not required to make an appointment. I understand it is my responsibility to call my insurance company ahead of time and obtain any information that is necessary, as well as get an estimate of my benefits. I understand my therapist will provide me with a receipt, upon request, that is my responsibility to submit to my insurance company. If further documentation is requested, these will be provided. I understand that Revive Wellness Physical Therapy does not guarantee I will receive any reimbursement from my insurance company, even if I submit a receipt and/or superbill provided by Dr. Kimberly Whitcher, PT, DPT and Revive Wellness Physical Therapy. I understand and Dr. Kimberly Whitcher, PT and Revive Wellness Physical Therapy does not accept auto accident liens.

**I have read the above information, and I consent to physical therapy evaluation and treatment. By initialing above and signing below, I acknowledge that I have read, understood and will abide by the conditions and policies noted on this consent form.**

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date