

WellFit, LLC

Patient Consent Form

Insurance Reimbursement: WellFit, LLC and all treatment provided by Susan Cicala PT,DPT and Stephanie Bamford PT,DPT are not covered by insurance providers. We offer voluntary, wellness services. Clients requiring medical care will be referred to the appropriate provider.

Consent To Train: The client hereby consents to the administration of an appropriate fitness testing and training regimen. The therapist will monitor progress and adjust program as necessary.

Email Communication Statement (Regarding email security) I, the undersigned, understand and accept the risk involved with email communication of my personal health information. I allow WellFit, LLC staff to initiate and respond to my email messages regarding matters relating to my fitness program. I am aware of the risk that any transmission of email can be intercepted and read by a third party. I understand that WellFit, LLC does not share email addresses with any third party.

Records: We understand that your present and past medical information is personal. We are committed to protecting information about you. We create a record of care and services you receive that is kept in a secured location. We need these records to provide you with quality care, to comply with legal requirements and to meet your needs for reimbursement. This notice applies to all of the records generated: law to requires us:

- a. Make sure that medical information that identifies you is kept secure.
- b. Give you this notice of our legal duties and privacy practices with respect to medical information about you.

Cancellations/No Shows: Please give 24 hours notice if you are unable to keep your appointment. Failure to give this 24 hours notice will result in a \$75 cancellation fee.

Payment: Payment is due at time of treatment unless otherwise agreed upon. Late payment incurs a \$25 late payment fee in addition to the cost of services provided.

Please make sure you have completed your intake forms fully to ensure that your medical record is complete.

Consent for Care and Treatment: I, the undersigned, do hereby agree and give my consent for WellFit, LLC via Susan Cicala, PT, DPT or Stephanie Bamford PT,DPT to

furnish wellness programming within the legal scope of the practitioner as considered necessary and proper.

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that WellFit, LLC retains the right to charge me for any fees incurred as described above and that I will be solely responsible for all charges incurred.

Signature of Patient or Guardian:

Print name: _____ Date: _____