

**MEDICALLY INFORMED CONSENT &
ASSIGNMENT AND RELEASE**

I voluntarily consent to physical therapy treatment and services deemed necessary by my physical therapist and/or physician. I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services at Krull Clinic, PC. It is this clinic's sincere intent to educate me on every process, from billing to treatment, and eventually discharge from services. Therefore, if the techniques that are being used to retrain, recruit, & and restore postural alignment are not understood, it is my responsibility to obtain a clearer understanding of what the therapist's objectives are, and how he/she is trying to achieve them. This consent shall be ongoing for a period not to exceed one year.

I hereby authorize my insurance benefits be paid directly to Krull Clinic, PC, and understand that I am financially responsible for non-covered services. I understand that if Krull Clinic, PC does not contract with my insurance company, I will be responsible for the difference between what is charged and what my insurance pays. I also authorize Krull Clinic, PC to release any information necessary in order to process this claim. All of the information provided is correct and true to the best of my knowledge. **I am responsible for all charges incurred at Krull Clinic, PC.**

I (or _____ for _____) have read this form and fully understand and accept its terms and conditions.

X		X
Patient or person authorized to consent for patient	Relationship	Date/Time

Reason patient was unable to consent	Witness signature
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Acknowledgement of Receipt of Notice, PRIVACY PRACTICES

KRULL CLINIC, PC

Restorative Physical Therapy & Athletic Enhancement

Chris Krull, DPT, PRC, Privacy Officer

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary of personal representative of deceased patient