



The Physical Therapy Clinic

PATIENT REGISTRATION



The Physical Therapy Clinic

W/C

AUTO INS

PERSONAL INS

CASH PAY

THERAPIST

PATIENT INFORMATION

PATIENT NAME

MAILING ADDRESS

CITY

STATE ZIP

PHONE (h/c) (w)

SOCIAL SECURITY #

BIRTHDATE SEX

EMPLOYER

OCCUPATION

REFERRING PHYSICIAN

DIAGNOSIS / ICD9

DATE OF INJURY

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

THEIR PHONE #

HOW DID YOU HEAR ABOUT KINETIC ENERGY PT?

POLICY HOLDER (person financially responsible)

NAME

RELATIONSHIP TO PATIENT

BIRTHDATE SEX

SOCIAL SECURITY #

ADDRESS

PHONE # (h/c) (w)

INSURANCE INFORMATION

COMPANY

ADDRESS

CITY

STATE ZIP

PHONE

CLAIM / GROUP #

POLICY OR ID #

COVERAGE DETAILS

COPY \$ DEDUCTABLE \$ MET? Y or N

NOTES REQUESTED? Y or N PRECERT. REQUIRED? Y or N

VERIFIER DATE TIME

COMMENTS

PLEASE READ THE REVERSE SIDE FOR IMPORTANT PATIENT INFORMATION BEFORE SIGNING. THANK-YOU!

PATIENT RELEASE OF MEDICAL RECORDS AND ASSIGNMENT OF BENEFITS:

- PLEASE read and initial the release and confidentiality agreement on the reverse side of this form. If you have questions regarding the patient information policies, please bring them to our attention.
I have read and understand all of the policies pertaining to patient information practices and I authorize Kinetic Energy Physical Therapy PC to render the appropriate physical therapy treatment according to reasonable and customary physical therapy practice.

Patient/Parent or Guardian (Please print)

Patient/ Parent or Guardian's Signature

Date:

EMAIL:

I hereby authorize Kinetic Energy Physical Therapy PC to release to my insurance company or its representatives, and other health care professionals working on my medical case, any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such medical care.

I also authorize and request my insurance company to pay directly to the above named physical therapy clinic the amount due for services rendered. I understand that it is my responsibility to call my insurance company to verify coverage for physical therapy through my policy, and agree to pay and co-pays, deductibles, and any other portions that my insurance company will not pay. If I cancel my appointment with less than 24 hour notice I will be charged, and agree to pay, for the visit.

In the event payment is not received within 30 days of statement date, my account will be subject to an interest charge of 1 ½ % per month. If no payment is made, my account will be placed with a collection agency for the amount due as well as collection fees.

I have read and fully understand Kinetic Energy Physical Therapy PC's Notice of Information Practices. I understand that Kinetic Energy Physical Therapy PC may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluation the quality of services provided and any administrative operations related to treatment or payment. I understand I have the right to designate individuals to whom my information can be released. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations of I notify the practice. I also understand that Kinetic Energy Physical Therapy PC will consider requests for restriction on a case my case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Kinetic Energy Physical Therapy PC's Notice of Information practices. I understand that I retain the right of revoke this consent by notifying the practice in writing at any time.

## **NOTICE OF PATIENT INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Kinetic Energy Physical Therapy PC's LEGAL DUTY**

Kinetic Energy Physical Therapy PC is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### **USE AND DISCLOSURES OF HEALTH INFORMATION**

Kinetic Energy Physical Therapy PC uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Kinetic Energy Physical Therapy PC may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Kinetic Energy Physical Therapy PC may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Kinetic Energy Physical Therapy PC's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Kinetic Energy Physical Therapy PC may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Kinetic Energy Physical Therapy PC will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

### **CONCERNS AND COMPLAINTS**

If you are concerned that Kinetic Energy Physical Therapy PC may have violated your privacy rights or if you disagree with any decision we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Kinetic Energy Physical Therapy PC's health information practices or if you have a complaint, please contact the following person:

**Kinetic Energy Physical Therapy PC**  
**Nicole P Rabanal PT, CSCS**  
PO Box 883299, Steamboat Springs, CO 80488  
Telephone: 970-879-8026 or Fax: 970-879-8046

\_\_\_\_ **Initials**