



Aspire PT & Wellness, LLC Intake Form

Today's Date _____

Patient Information

Patient Name: (Last) _____ (First) _____ (MI) _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Email: _____ Sex: M F Patient's Date of Birth: _____

Marital status: Married Single Divorced Widowed

Employed? Yes No Employer/School: _____

Emergency Contact Information Name: _____ Phone: _____

Referred By: _____

Person Responsible for Payment

I hereby assign to Aspire Physical Therapy & Wellness, LLC all payments for services rendered to myself or my dependents until revoked in writing. I understand that I am responsible for full payment at the time of services and that I will submit to the insurance company for reimbursement of services. I also understand that I am responsible for collection and legal costs should it be necessary for this account to be turned over to a collection agency.

Signature of Patient _____ Date _____

Cancellation Policy

I hereby acknowledge that I will be charged a fee of \$175.00 if I do not give 24-hour notice for cancellation of appointments.

Signature of Patient _____ Date _____

Use and Disclosure of Protected Health Information

The "Notice of Privacy Practices" states the manner in which Aspire Physical Therapy & Wellness, LLC may use or disclose health information for the purposes of treatment, payment for treatment or health care operations in compliance with HIPPA Regulations.

I hereby acknowledge knowledge of the "Notice of Privacy Practices" and consent to the use and disclosure of my personal health information as outlined. I understand that I reserve the right to revoke this consent, in writing, except when disclosures have been made with my prior consent.

Name of Patient (Please print): _____

Signature of Patient _____ Date _____





Notice of Privacy Practices

(Patient copy, please retain for your records)

PATIENT'S INDIVIDUAL RIGHTS

You have the right to obtain a copy of your health record at any time. You may revoke your authorization to use or disclose health information except when disclosures have been made with your prior consent.

Aspire Physical Therapy & Wellness, LLC – RESPONSIBILITIES

It is this organization's legal duty to maintain the privacy of your health information, provide this notice and notify you of any revisions made.

USE AND DISCLOSURE OF HEALTH INFORMATION

- ✓ Aspire Physical Therapy & Wellness, LLC may use your health information for treatment, obtaining payment for treatment, conducting internal administrative functions and evaluating the quality of care.
- ✓ Aspire Physical Therapy & Wellness, LLC may use or disclose health information without prior authorization for public health purposes, auditing purposes and for emergencies. We also provide information when required by law.
- ✓ Aspire Physical Therapy & Wellness, LLC may share your health information in communication with members of your family involved in your care.
- ✓ Aspire Physical Therapy & Wellness, LLC may contact you to provide information and services that may be of interest to you.

