



## **NIRVANA SPORTS MEDICINE AND REHABILITATION SERVICES, LLC**

### **PATIENT CONSENT TO REHABILITATION SERVICES**

Thank you for selecting Nirvana Sports Medicine and Rehabilitation Services, LLC as your provider for your rehabilitation (physical, occupational, speech therapy) needs, or any other rehabilitation needs or treatments as indicated by your referring physician or medical professional. Nirvana Sports Medicine and Rehabilitation Services, LLC is in compliance with Federal HIPAA Regulations and is committed to protecting your health information and privacy and our therapists and staff make every effort to ensure that your privacy and protected health information (PHI) is kept private.

**1. CONSENT TO TREATMENT:** I consent to rehabilitation and related services at Nirvana Sports Medicine and Rehabilitation Services, LLC as indicated by my referring physician or medical professional. In doing so, I understand and acknowledge that rehabilitation, and related services, is a “hands on” program that may consist of me performing physical and functional activities, and may involve bodily contact, touching, and/or direct contact with clinical personnel. I further understand, and consent, to being treated in a group setting and understand that due to the nature of the open setting of the therapy area that my treatment may be performed in the presence of other individuals and that it might be possible for other patients, family members, or friends and staff may overhear some trivial information relating to my treatment, diagnosis, and insurance benefits. I consent to possible disclosure of this inconsequential information to any other individuals who may be present in the therapy treatment area.

**2. TREATMENT OF MINORS:** I, as parent/guardian of a minor receiving treatment here under, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.

**3. LIABILITY:** I know and agree that Nirvana Sports Medicine and Rehabilitation Services, LLC is not responsible or liable for loss or damage to personal valuables, including but not limited to money, cell/mobile/smart phones and related electronics, jewelry, glasses, dentures, documents, clothing or other articles of value and I have been advised not to place these items outside of my reach.

**4. WAIVER AND RELEASE:** I hereby release, discharge and acquit Nirvana Sports Medicine and Rehabilitation Services, LLC, it’s agents, representatives, affiliates, employees, or assigns, of and 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 Fire/EMS service, Paramedic/EMT, physician or other urgent care services.

**5. AUTHORIZATION OF PAYMENT:** I hereby assign all benefits directly to Nirvana Sports Medicine and Rehabilitation Services, LLC and also authorize release of any medical records necessary, including via electronic transmittal, to facilitate my treatment to process medical claims and as otherwise permitted or required in the Notice of Privacy Practices. I understand fully that in the event my insurance company or financially responsible party does not pay for the services I receive; I will be financially responsible for payment.



**6. NONDISCRIMINATION POLICY:** As a recipient of Federal financial assistance, Nirvana Sports Medicine and Rehabilitation Services, LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, gender, sexual orientation, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Nirvana Sports Medicine and Rehabilitation Services, LLC directly or through a contractor or any other entity with which Nirvana Sports Medicine and Rehabilitation Services, LLC arranges to carry out its programs and activities.

**7. CONSENT TO PHOTOGRAPH:** I hereby give consent for Nirvana Sports Medicine and Rehabilitation Services, LLC to take pictures of myself and treatment being done to document my medical condition. I also acknowledge that the open areas of the facility are under video surveillance for my protection.

**8. NO FIREARM/WEAPONS OR TOBACCO USE:** I acknowledge and understand that Nirvana Sports Medicine and Rehabilitation Services, LLC, the interior facility and immediate surrounding exterior area are designated as firearm/weapon and tobacco free area and as such agree to leave all such items outside the facility.

I certify that I have read, understand, and consent to the information provided herein.

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

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