

Camas Physical Therapy

3252 NE 3<sup>rd</sup> Ave, Suite 2

Camas, WA 98607

360.835.7427-fax 360.835.0653

Thank you for selecting Camas Physical Therapy to be part of your rehabilitation. Below, we have condensed most of our policies as to be efficient with your valuable time. Please review:

**Intake form:** This is to aid in the initial evaluation process. It is a small glance into your medical health and this particular episode of pain.

**Registration form:** This form allows for personal/contact information and insurance information to assist with verification of benefits.

**Financial Agreement:** This explains in detail the professional relationship between patient and Camas Physical Therapy.

**HIPPA:** This form will explain your rights as a patient and your privacy.

- 1) **Release of Records:** I authorize Camas Physical Therapy to request a copy of my medical records and/or billing statements for the purpose of assisting in my rehabilitation. I also authorize Camas Physical Therapy to release my records or discuss all medical information with my healthcare providers, case managers, lawyers and others involved in my care.
- 2) **Cancellation Policy:** Due to the nature of our business, having an updated schedule is of the utmost importance, we appreciate you cooperation.

A \$35.00 cancellation fee for any appointment not cancelled within 24 hours of scheduled appointment. No Show of appointment times will also be assessed with the same \$35.00 fee.

I agree to the above stated release of records, cancellation policy and certified that I have either printed the above mentioned forms online or been given forms at the clinic

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Patient Signature

Date