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## **Precision Physical Therapy Specialists, PLLC**

### **INFORMED CONSENT FOR PHYSICAL THERAPY**

Effective July 1, 2024

Physical therapy involves the use of many different types of physical evaluation and treatment. At Precision Physical Therapy Specialists, PLLC, we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

By accepting the terms on this document, I acknowledge and accept the following terms.

1. As a service to patients & clients, we provide via text, email or voicemail, of appointment reminder(s) and/or other types of notifications regarding your care and information regarding Precision Physical Therapy Specialists, PLLC. By providing your contact information, you consent to receive such notifications.
2. I have been informed of and given the right to review and secure a copy of Precision Physical Therapy HIPAA - Notice of Privacy Practices for Physical Therapy.
3. I authorize Precision Physical Therapy Specialists, PLLC to bill my insurance carrier and receive payment directly from the insurance carrier(s) or a third-party. I understand if payment by my insurance company is disputed or delayed, I am responsible for the payment of services rendered.
4. I am giving informed consent to physical therapy treatment at Precision Physical Therapy Specialists, PLLC.