



2050 45th St  
Highland, IN 46322

1841 E. Summit St.  
Crown Point, IN 46307

12636 Wicker Ave  
Cedar Lake, IN 46303

**Acknowledgement of Receipt of Notice of Privacy Practices HIPAA**

By my signature below, I acknowledge the following: (check which applies)

- I have received a physical copy of PhysioPoint Therapy and Wellness’s Notice of Privacy Practices
- OR
- I have been offered and declined to receive the PhysioPoint Therapy and Wellness’s Notice of Privacy Practices.

I would like the following people to have access to my  
medical records at PhysioPoint Therapy.

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Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_



## GENERAL CONDITIONS FOR PARTICIPATION

Please check each item and sign below:

**CANCELLATION POLICY:** Please give us a **PHONE CALL AT LEAST 24 hours** prior to your scheduled visit if you need to cancel an appointment so that someone else can take your spot. Late cancellation or not showing up for your scheduled visit will result in a **\$50.00 CANCELLATION FEE.**

\*\*Emails, Texts or Website communications are NOT acceptable. Please call 219-801-7777.

**AUTHORIZATION FOR THERAPY SERVICES:** I understand that I will be informed of the procedure and/or treatments considered necessary for the client whose name appears below and that the treatment and procedures will be performed by a licensed physical therapist and/or associate. I hereby authorize such treatment and procedures.

**INSURANCE VERIFICATION COURTESY:** We will verify your insurance benefits as a courtesy, however it is not a guarantee of payment. Ultimately it is your obligation to know your benefits. You will be responsible for charges that your insurance does not pay.

**PARENTAL PERMISSION (If applicable):** I give PhysioPoint Therapy & Wellness permission to treat my child who is under the age of 18 without my presence.

Sign \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or Representative

Please answer YES or NO:

• Are you currently receiving home health or physical therapy?  Yes  No

\*\*If you are CURRENTLY receiving home health services or WILL be receiving any home health services, you will not be able to attend your therapy sessions at PhysioPoint, per Medicare guidelines.

• Is there a lawsuit or lawyer involved with your condition?  Yes  No

(\*We do not accept any 3rd party payments)

Important Details:

For better treatment outcomes, we ask that only the client attend follow-up sessions. We encourage family to accompany the first visit if that is desired. Please wear comfortable clothing to your appointment and shorts if you are coming in with knee pain.

**Which specialty programs are you interested in:**  Sports Performance  PNOE Metabolic Testing