MRN# _____ (office use only)

## Consent to Evaluate and Treat

I _____and/or _____

Patient Name Legal Guardian/Representative (if applicable)

hereby consent to such medical evaluation and/or treatment as necessary and appropriate for my condition, based on the judgement of my Physical Therapist and/or other health care provider(s).

**Patient Signature: _____ Date: _____**

Signature of Legal Guardian/Representative: _____Date: _____

Relationship of Legal Guardian/Representative: _____

## Notice of Privacy Practice (NPP)

The notice describes how medical information about you may be used or disclosed, and outlines your rights, your choices, and our responsibilities as a health care provider.

Chebny Sports Medicine LLC makes available the Notice of Privacy Practices on its website at www.chebnysportsmedicine.com as well as via hardcopy in the office.

**Please confirm receipt of the NPP by initialing here: _____**

## Disclosure of Medical and/or Financial Information

I am providing authorization to the staff of Chebny Sports Medicine LLC to discuss my medical and/or financial information to the following person(s) below:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I understand that I must inform Chebny Sports Medicine LLC if there are any changes to this authorization.

**Patient Signature: _____ Date: _____**

## Personal Items

I assume full responsibility for all my personal items brought into Chebny Sports Medicine LLC and will not hold Chebny Sports Medicine LLC liable for lost or damaged property. **Initial here: _____**

**Note: The above authorizations expire one year from the date of signature.**