Privacy Policy

I understand that DiGiulio Physical Therapy & Wellness will maintain my privacy to the highest degree and will only disclose my personal health information for the purposes of treatment, insurance reimbursement, and as requested by a referring physician(s).

I authorize DiGiulio Physical Therapy & Wellness, LLC to release my medical records and personal information to my referring physician(s) or insurance company for billing purposes.

I authorize DiGiulio Physical Therapy & Wellness to release my medical records and personal information to the following individuals or organizations:

_____

I have read and understand the above written statements.

Printed name: _____

X_____ Date:_____
Signature of patient / legal guardian

Consent to Treatment

DiGiulio Physical Therapy & Wellness utilizes a hands on, manual therapy based approach. Treatment may include soft tissue mobilization, joint mobilization (including thrust mobilization), or modalities such as electrical stimulation or ultrasound. In addition to hands on treatment, therapeutic exercise may be used to help improve your condition. As these treatments may be facilitating new movements, or ranges of movement for your body, temporary soreness may occur for up to 72 hours. Please consult your physical therapist if any post treatment soreness raises any concerns.

I have read and fully understand the above statements. I understand the nature of the treatment I may participate in at DiGiulio Physical Therapy & Wellness, LLC. I authorize Kevin DiGiulio, PT, DPT or other licensed staff to use the above started treatments as necessary to carry out their plan of care as necessary for my recovery.

I have read and understand the above written statements.

Printed name: _____

X_____ Date:_____
Signature of patient / legal guardian

Financial Agreement / Cancellation Policy

The undersigned agrees to pay the amount in accordance with the rates and terms for the services listed. I understand that DiGiulio Physical Therapy & Wellness, LLC is an out of network provider, and cash for serviced must be paid prior to or at the time of service. I understand that my reimbursement from my insurance carrier is contingent upon my insurance coverage benefit plan.

- **The rate for all treatment sessions is 95$/hour**
    - Payment is accepted in the form of Cash, Check, or Credit

Out of respect to our therapists and other patients trying to be scheduled, **we will only accept cancellations with 24 hour (or greater) notice. A 50$ fee will be billed for all cancellations with less than 24 hour notice** (we do understand emergencies do occur and in extreme circumstances will waive this fee).

I have read and understand the above written statements.

Printed name: _____

X_____ Date:_____
Signature of patient / legal guardian