



Informed Consent

This document contains important information about Triumph Physical Therapy and Wellness Center's services and policies. Please read it carefully and be sure to ask any questions you may have. When you sign this document, it will represent an agreement between us and you will be confirming that (i) you read this agreement in its entirety, (ii) you understood the agreement in its entirety and (iii) you had ample opportunity to ask any questions and received satisfactory responses to same.

Speech, Physical, and/or Occupational Therapy, And Behavioral Analyst Services

In coming to the Speech Language Pathologist, Physical Therapist, and/or Physical Therapist Assistant, and/or Occupational Therapist and/or Certified Occupational Therapist Assistant, and Behavioral Analyst, a patient gives the therapist permission and authority to care for the patient in accordance with the evaluation and therapy procedures. The therapist, of course, will not give any treatment or health care if she is aware that such care may be contradicted. The SLP/PT/PTA/OT/COTA/BA provides a specialized, non-duplicating health care service. Your therapist is licensed and is available to work with other types of providers in your health care regime. Triumph Physical Therapy and Wellness Center uses treatment rooms and sensory gym for therapy. It is possible that one's treatment/therapy session and/or name may incidentally be observed and the possibility that conversations and/or names may incidentally be overheard are terms and conditions that the patient agrees to in this office. Triumph Physical Therapy and Wellness Center tries to limit incidental disclosures as much as possible and adhere to minimum necessary and reasonable safeguard requirements as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Triumph Physical Therapy and Wellness Center respects your privacy, so a private room is available for conversations if needed. Furthermore, any risk involved regarding speech or behavioral health will be explained to me upon my request.

The "occupation" of children is to thrive, and occupational therapy practitioners work with children and young adults, from infancy through college, and their families to facilitate participation and independence in activities of daily living. Recommended interventions are based on a thorough understanding of typical development, the environments in which children engage (e.g., home, school, playground) and the impact of disability, illness, and impairment on the individual child's development, play, learning, and overall occupational performance. Our practitioners collaborate with parents/caregivers and other professionals to identify and meet the needs of children experiencing delays or challenges in development; identifying and modifying or compensating for barriers that interfere with, restrict, or inhibit functional performance; teaching and modeling skills and strategies to children, their families, and other adults in their environments to extend therapeutic intervention to all aspects of daily life tasks; and adapting activities, materials, and environmental conditions so children can participate under different conditions and in various settings (e.g., home, school, sports, community programs).

Physical & Occupational Therapy is a patient care service that is provided in order to manage a wide variety of conditions. The purpose of the therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before your child is asked to perform them.



Clinical staff at Triumph Physical Therapy Wellness Center can provide Speech, Occupational, and/or Physical Therapy assessment and treatment as described above.

- I the parent/legal guardian of the patient above hereby request and consent to Triumph Physical Therapy and Wellness Center to perform treatment and care for my child as prescribed by a physician.
- I understand and am informed that, as in the practice of medicine, occupational and/or physical therapy may have some risks.
- I understand that I have the right to ask about these risks and have any questions answered about my child's condition, prior to treatment.
- I acknowledge and agree that a parent or legal guardian must be present during each treatment session. I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with the treating therapist.

I have had ample opportunity to discuss with my occupational/physical therapist my child/guardian's diagnosis, condition or potential diagnosis and the nature and purpose of the recommended treatment. The occupational/physical therapist has also discussed with me the anticipated benefits of the treatment for my child/guardian as well as the potential risks, complications and side effects of treatment. The occupational/physical therapist has also discussed reasonable alternative treatments for my child/guardian with me and the potential outcome if I elect to forgo any treatment at all.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority: _____