TEAM IOWA | PHYSICAL THERAPY

CONSENT FOR CARE AND TREATMENT

I, the undersigned, for myself or a minor child or another person for whom I have authority to sign, hereby **consent and authorize Team Iowa Physical Therapy, its agents, associates and employees, to provide care and treatments to me** per program policy and/or as prescribed by my physician.A representative of Team Iowa Physical Therapy will explain my plan of care and answer my questions. I understand that the care plan may change and, if so, these changes will be discussed with me. I agree to notify Team Iowa Physical Therapy, my physician or others providing care of any adverse reactions or other significant events relating to my health. I acknowledge that no guarantees have been made to me as to the effect of such an examination or treatment of my condition by Team Iowa Physical Therapy, its agents, associates and employees. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to the patient/guarantor. I have read, understand and agree to the terms of this agreement freely and voluntarily and intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.