

Allied Health Rehab Center

Cuyahoga Falls
650 Graham Road
Suite 107
44221
(330) 920-1002
(330) 920-0923 Fax

Mogadore
35 N Cleveland Ave
Suite C
44260
(330) 628-0736
(330) 628-0739 Fax

GENERAL CONSENT FORM

CONSENT FOR TREATMENT

I consent to the examination, tests, and treatments, which may be done by my therapist (s) and therapy staff during my course of therapy. I understand I have the right to be informed about my treatment.

RELEASE OF RESPONSIBILITY

I understand that Allied Health Rehab Centers is not responsible for my personal property, money, or valuable left unattended.

RELEASE OF INFORMATION

I authorize Allied Health Rehab Centers and the therapists involved in my care to release information about my care and treatment: a.) as required to process payment of claims and (b) to other facilities or providers for the continuity of my care. This authorization includes release of information regarding rehabilitation treatment and outcome.

ASSIGNMENT OF BENEFITS

I authorize payment and release of healthcare information of my current and future insurance to Allied Health Rehab Centers. I understand that as a courtesy to me, Allied Health Rehab Centers will file an insurance claim with my insurance company but that I am financially responsible for charges incurred at this office.

SOCIAL SERVICES

A social worker is available to assist you if you feel the need for social service counseling.

_____ Yes, I am in need of social service counseling.

_____ No, I am not in need of social service counseling.

This consent form will be stored in the patient's medical record at the clinic or other designated storage area for a period of six years.

I have read and understand the information on this sheet.

Patient or Legal Authorized Representative

Relationship To Patient

Witness (AHRC Representative)

Date of Signatures

Notice of Non-Discrimination: Allied Health Rehab Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission treatment, or participation in it's programs, services and activities, or in employment. For further information about this policy please contact the Office Manager.