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INFORMED CONSENT FORM

"Informed consent" means you freely give your permission to receive physical therapy as a form of treatment for a disability, injury, disease, or other health condition because you understand what physical therapy is including the benefits and risks.

WHO I AM AND WHAT I DO

- **I am a physical therapist licensed by the state of New York.**
- **Physical therapy treatments may include, but are not limited to:**
 - **discussing your medical history**
 - **testing your movement**
 - **mapping out your goals**
 - **performing hands-on therapy**
 - **instructing in therapeutic exercises**
 - **facilitating changes in body mechanics**
 - **addressing ergonomics at home, work, or school**
 - **using physical agents such as hot/cold application, ultrasound, and electrical stimulation**
 - **assisting with the use of devices, orthotics, and/or prosthetics**
 - **managing pain**
 - **helping you move better!**

WHAT ARE THE PROS AND CONS OF PHYSICAL THERAPY TREATMENT

- **The pros:**
 - **improved strength**
 - **increased range of motion**
 - **enhanced endurance**
 - **improved physical function at work, school, or play**
 - **reduced chance of surgery**
 - **facilitated post-surgical recovery**
 - **lowered risk of falls**
 - **minimized effects of some chronic conditions**
 - **decreased pain, stress, fear, or worry**
- **The cons:**
 - **required time commitment to appointments and home exercise programs in order to see results**
 - **delayed results as physical therapy treatments take time to be effective**
 - **temporarily increased physical pain, discomfort, swelling, or redness to an area**
 - **risk of re-injury if exercises are done too quickly or too hard**

- varied outcomes from patient to patient
- financial commitment
- Important aspects to your success:
 - Please share with me any and all reactions to physical therapy treatment so that I can minimize your discomfort as much as possible and make changes to the treatment if necessary.
 - Please share with me any other changes in your health or medications/supplements while receiving physical therapy treatment so that I can take that into consideration when making treatment choices.

YOUR RIGHT TO SAY YES OR NO TO ANY TREATMENT

- You can tell me "yes" or "no" to any treatment I recommend.
- My recommendations are based in research and my professional judgment. I also look at your overall health and abilities when choosing a treatment for you.
- If you say "no" to a treatment, I will offer you another option, but it may affect how well you recover from your illness, injury, or other health condition.

MY LEGAL PROTECTION FOR DOING FIRST AID/CPR

- As long as I use proper technique for first aid and emergency treatment, such as CPR, and it is not apparently obvious that I did anything clearly wrong, then I am not responsible for injury or death that occurs while offering first aid or other emergency treatments.

HOW THIS FORM APPLIES TO CHILDREN

- Parents/Guardians of patients under the age of 18 must provide consent to treatment on behalf of the child.
- Age-appropriate information will be shared with children about their health and the therapy process.
- Some people under the age of 18 can provide their own consent in some situations determined by the law.

WHY WE MAY NEED TO STOP BEFORE YOUR TREATMENT IS OVER

- You have the right to stop treatment with me as your physical therapist at any time.
- Some circumstances may result in a need for me to bring our working relationship to a close due to:
 - Repeatedly missed appointments
 - Refusal to maintain office policies
 - Nonpayment
 - Nonadherence to treatment
 - Verbal/physical abuse or criminal behavior
 - Display of firearms or weapons

For additional information on the bulleted points above, please see explanations below.

CONSENT AND WAIVER

What this form is

You voluntarily choose to participate in physical therapy treatment provided by Eleanora Phillips-Burdge, PT (the “Practitioner”). In exchange for participation in physical therapy treatment and/or use of the property, facilities, and services, you consent to the items in this form. Without signing, I will not move forward with physical therapy treatment and any discussion of your health and wellness will simply be for informational purposes and will not constitute a therapist-patient relationship.

MY LEGAL OBLIGATIONS

Who I am and what I do

As the Practitioner, I am holding myself out and practicing as a physical therapist. My highest educational degree is a Master of Physical Therapy and I am licensed/registered to practice physical therapy by the state of New York. I am also a professional musician with a Bachelor of Music and an Outside Field in Exercise Science. I am not putting myself out or practicing as a personal trainer, yoga instructor, Feldenkrais® practitioner, massage therapist, or health coach, though I have received additional education, training, or experience in these areas of study. Any and all additional education, training, or experience is intended to support the legal scope of practice and my personal scope of competency for physical therapy, but does not stand as evidence of my ability to hold myself out and practice as such practitioners.

BENEFITS AND RISKS OF PHYSICAL THERAPY TREATMENT

What are the pros and cons of physical therapy treatment

The physical therapy treatment that you may receive has both benefits and risks, and it is important that you are aware of both.

For instance:

- A treatment plan may result in positive health changes with improved strength, range of motion, physical functioning and a reduction in stress, worry, fear, or pain.
- Additionally, some physical therapy treatments can initially increase sensations of physical pain, discomfort, swelling, or redness to an area. These sensations are temporary and considered a typical reaction to some treatments.

Please remain in close communication with me regarding your response to treatment so that I can minimize discomfort and pain as much as possible and make modification to the treatment plan when necessary. Also, feel free to ask me questions about your care.

You acknowledge that you are choosing to participate voluntarily in physical therapy treatment.

By signing below, you agree that you voluntarily request and consent to physical therapy treatment. You understand and have been informed of the potential benefits and risks. You have had and will continue to have an opportunity to ask questions about your care.

You agree to disclose information requested from you about your health, wellness, medication, supplements and other health conditions that I deem could impact my recommendations, treatment, and your health.

You are affirming that you have stated all known medical conditions and answered all questions honestly and you agree to provide complete and accurate health information and notice of health changes at successive appointments. If you suspect that you have a medical or mental health emergency, issue, or concern, you agree to inform me immediately.

You also understand and agree to disclose any and all medications and supplements that you are taking, recognizing that failing to disclose them could cause potential negative reactions to treatment.

All in all, you understand that there are no guarantees of what you will experience, the results you will achieve, or how you will feel during and after working together. However, I will maintain open and honest communication with you to help you navigate the changes you will likely experience. I ask that you be open and honest with me about how therapy is affecting you.

RIGHT TO REFUSE TREATMENT

Your right to say "yes" or "no" to any treatment

You have a right to refuse any and all physical therapy treatment that I recommend, though this may affect your physical outcomes and goals.

I will share with you what the physical therapy plan is which includes interventions for treatment and goals for physical therapy. My recommendations are based on research that supports the effectiveness of the treatment and my clinical judgment. My recommendations are also based on you, your current health, your abilities, and your goals. You have the right to refuse any treatment intervention I recommend. I will do my best to recommend an alternate treatment intervention, but please be aware that an alternate treatment intervention may affect your health outcomes differently.

NON-LIABILITY FOR ADMINISTRATION OF FIRST AID OR EMERGENCY TREATMENT

My legal protection for doing first aid/CPR

According to the New York State Physical Therapy Practice Act, therapists are not held liable when administering first aid or emergency care. The practice act states, "Notwithstanding any inconsistent provision of any general, special or local law, any licensed physical therapist who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary physical therapy equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physical therapist. Nothing in this section shall be deemed or construed to relieve a licensed physical therapist from liability for damages for injuries or death caused by an act or omission on the part of a physical therapist while rendering professional services in the normal and ordinary course of his practice."

CONSENT FOR MINORS

How this form applies to children

Under New York state law, parents/guardians of patients under the age of 18 must provide consent to treatment on behalf of the minor. Parents/guardians of minors have the right to health information about the minor. Additionally, health information will be explained to the minor in an age-appropriate way. The evolving capacity of minors to be involved in their own health care will always be taken into consideration when discussing health information with them.

Some exceptions exist to parent/guardian consent for minors. Some minors can provide their own consent when:

- The minor is an emancipated minor
- The minor is married
- The minor is a parent who can then offer consent for themselves and their child

TERMINATION OF RELATIONSHIP

Why we may need to stop before your treatment is over

You have the right to discontinue your services at any time. If you or I determine that you are not benefiting or that the working relationship is no longer a good fit, then either one of us may elect to discontinue our work together.

The following are examples of reasons a professional therapist-patient relationship may be terminated with 30 days notice:

- Repeatedly missed appointments
- Refusal to maintain office policies
- Nonpayment
- Nonadherence to treatment

The following are examples of reasons a professional therapist-patient relationship may be terminated immediately:

- Verbal/physical abuse or criminal behavior
- Display of firearms or weapons - even with a concealed carry license, all firearms are legally prohibited at health care facilities

If a relationship is terminated, you will receive written notification of the termination via first class mail and certified mail to the address you gave me. You will be sent a list of other possible practitioners you could work with for the continuation of your care. You must sign a consent form for the release of your medical records to a healthcare practitioner of your choice. The referring physician will also be notified of the termination. It is advisable that you discuss your therapy options with the referring physician to assist with the continuation of your care. I am willing to speak with your new therapist about your care if that is requested in writing by you.