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General Information & Consent

*Waiver & Consent*

The undersigned (hereinafter, “*Client*”) consents to and authorizes the rendering of therapeutic treatment and services as set forth below. This consent shall be deemed to extend to therapeutic treatment/services including, but not limited to, therapy involving: animals, exercise equipment, massage therapy, swimming pools, stairs, rock climbing walls, and other Physical Therapy and Occupational Therapy techniques and practices which may be used in treatment of Client.

I acknowledge that the practice of a therapy discipline (including PT/OT) creates varying results for different individuals and that treatment may involve risk of adverse results and injury. I acknowledge that no guarantees, warranties, or representations of any kind have been made as to the results of any therapeutic treatment actually received or tentatively scheduled by or with VIP Therapy (collectively, the “*Services*”). I understand that, due to the unique nature of recovery, patients, and the Services performed, it is not possible to list every conceivable risk associated with the Services. While routinely performed without incident, there may be inherent risks associated with each of these Services that are not ascertainable at the time the Service is being rendered.

*Client Responsibilities*

Client accepts complete responsibility for disclosing all pertinent information to VIP Therapy regarding Client’s current medical condition. Client understands that VIP Therapy will rely on Client’s documented medical history, as well as other information obtained from Client, Client’s family, guardians, or caregivers, in determining whether to perform or recommend the Services. Client therefore agrees to provide accurate and complete information about Client’s medical history and conditions.

For and in consideration of the Services rendered to the Client, the undersigned, promises to pay VIP Therapy, in full, for the Services. The undersigned acknowledges and understands that in the event payment is not received by VIP Therapy within thirty (30) days of demand, the undersigned agrees to pay all costs of collection including, but not limited to, attorney’s fees and court costs. The undersigned acknowledges that VIP Therapy may charge interest on any unpaid amount in accordance with applicable law.

 VIP Therapy will bill Client for all services rendered. It is Client’s sole duty to be responsible for all amounts owed to VIP Therapy for any treatments provided. VIP Therapy will not bill, submit claims, or accept payment from any insurance company and the presence or involvement of an insurance company does not modify or affect Client’s obligations hereunder.

 By signing, Client attests that he/she has had ample opportunity to ask any questions and request additional time and/or information.

**AGREED TO AS OF :**

(*Date)*

**Client:**

 Print Name

 Signature

**VIP Therapy:**

By: Dr. Breanna Barney, PT, DPT, LMT, CDP, LSVT