



222 Anthes Ave, Langley, WA 98260 • (360) 221-5432 • salishseapt.com

Notice of Privacy Practices

I acknowledge that I have received your Notice of Privacy Practices. I understand that Salish Sea Physical Therapy has the right to change its Notice of Privacy Practices from time to time and that I may contact the clinic at any time to obtain a current copy. I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

Patient Signature: _____ Date: _____

Financial Policy

I understand that Salish Sea Physical Therapy (SSPT) will bill my insurance company based on the information I provide. I will obtain required pre-authorizations prior to my visit. It is my responsibility to know my coverage pertaining to physical therapy treatment, including when the maximum insurance benefits have been met. I agree to be responsible for payment of all physical therapy charges which are not covered by my insurance. I authorize SSPT to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Patient Signature: _____ Date: _____

Consent for Treatment

I have read, and agree to, the patient/therapist responsibilities and consent to participate in physical therapy treatment at Salish Sea Physical Therapy, with the understanding that treatment does not imply a guarantee of results.

Patient Signature: _____ Date: _____

Printed Name: _____