

Informed Consent & Patient Acknowledgement – Team Rally Sports Physical Therapy

Services Provided:

- Services are administered by a licensed physical therapist and are intended to address musculoskeletal pain, injury, or dysfunction through clinical evaluation and intervention.
- All services are provided on a **cash-pay basis only**. Team Rally Sports Physical Therapy **does not bill or accept insurance**, including **Medicare or Medicaid**, and cannot provide physical therapy services to beneficiaries of these programs.
- Physical therapy services may include evaluation, treatment planning, manual therapy, therapeutic exercise, education, and the use of modalities as indicated by my condition.
- Objective testing, including force plate and strength assessments, may be used to track progress or determine readiness for return to activity.

Risks and Benefits:

- As with any physical activity, participation carries some risk, including potential soreness, discomfort, or aggravation of symptoms.
- Expected benefits include improved function, mobility, and recovery; however, no specific results are guaranteed.

Alternatives:

- Alternative treatment options may include medical evaluation by a physician, other rehabilitation or therapy programs, rest, medication, or no treatment. I have had the opportunity to ask questions about these alternatives and understand that I may choose the option that best suits my needs.

Patient Rights & Voluntary Participation:

- Participation is voluntary, and I may withdraw at any time.
- I understand I have the right to ask questions about any aspect of my care at any time.
- Based on clinical findings, referrals to other medical professionals may be recommended if appropriate.

Communication:

- I agree to communicate openly with my provider regarding symptoms, goals, and response to treatment.

Acknowledgment:

- I have read and understand this consent form, and I voluntarily agree to receive services under these terms.

Patient Signature: _____ **Date:** _____