



REHAB CAROLINA CONSENT FORMS

Name:

Date:

CONSENT TO TREAT

I consent to and hereby authorize Rehab Carolina, through its appropriate personnel, agents, and affiliates to perform the evaluation, care, and treatment procedures that are deemed necessary by my physician(s) and other healthcare providers (collectively my "care"). I understand that no warranties or guarantees have been made to me about the outcome of my care.

X

X

Patient/Guardian Signature

Date

CONSENT TO COMMUNICATE

I hereby authorize Rehab Carolina, through its appropriate personnel, to communicate with the individual listed below regarding **medical treatment, billing and payment for services rendered on my behalf, or in case of emergency.**

Contact name: _____

Relationship: _____

Contact's phone number: _____

OR



I wish to **decline** authorization for others to communicate with Rehab Carolina on my behalf.



GENERAL CONSENTS

1. I understand that Rehab Carolina works with accredited academic institutions, through clinical affiliations, to provide healthcare professionals in training with hands-on patient care experiences and opportunities to apply learned skills to actual patient care. I further understand that such healthcare professionals in training may be involved in my Care.
2. I understand that Rehab Carolina will not be responsible for the loss, destruction or theft of any of my personal property. I take full responsibility for, and release Rehab Carolina from, any and all responsibility and/or liability for the loss, destruction or theft of my personal property at, or in the vicinity of, any Rehab Carolina location or clinic.
3. I understand and acknowledge that Rehab Carolina may lease or license real estate, equipment, or other personal property (collectively "Leased Property") from third parties to perform the evaluation and treatment procedures that are deemed necessary by my physician and therapist in the treatment of my condition. In consideration of being permitted to make use of and/or have access to the Leased Property, I do hereby, on behalf of myself, on behalf of any minor or other person for whom I have requested such evaluation and treatment procedures ("Minor"), on behalf of my heirs, successors and assigns, and on behalf of such Minor's heirs, successors and assigns release and forever discharge any and all direct or beneficial owners of the Leased Property and their respective successors, related entities, directors, officers, employees, and agents (collectively, "Releasees") from, and hereby waive and release, any and all claims, demands, actions, and causes of action whatsoever arising out of or in any way related to any loss, damage, or injury, including death, that may be sustained by me and/or such Minor in, on, upon, in connection with or while making use of the Leased Property, regardless of whether any such loss, damage, or injury is caused by the active or passive negligence of the Releasees or otherwise and regardless of whether any such liability arises in tort, contract, strict liability or otherwise, to the fullest extent allowed by law. This paragraph does not release any claims, demands, actions, and/or causes of action against Berkeley Rehabilitation DBA Rehab Carolina.
4. I understand that I am not permitted to take pictures or make video or audio recordings at any Rehab Carolina location or clinic or of my care, other patients or Rehab Carolina personnel.
5. I understand that to ensure that patient inquiries are handled promptly, courteously, and accurately, some of the phone calls between Rehab Carolina (or any of its affiliates, agents, assigns and service providers) and me (or anyone I have authorized to speak with Rehab Carolina) may be monitored and/or recorded.
6. I understand and consent that Rehab Carolina may from time to time make calls and/or send text messages to any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me and/or the account holder. I understand and consent that the manner in which these calls or text messages are made may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing systems. I understand that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.
7. I understand and consent that Rehab Carolina may send emails to me at any email address provided to Rehab Carolina and/or use other electronic means of communication to the extent permitted by law. I understand



that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.

- 8. I understand and acknowledge that my appointment times are scheduled in accordance with availability of professional staff. I understand that my appointment may be rescheduled by Rehab Carolina if I arrive more than 15 minutes late. I also acknowledge that Rehab Carolina requires 24 hours' advance notice of cancellation and that Rehab Carolina reserves the right to charge a \$40.00 cancellation fee if I fail to cancel an appointment at least 24 hours in advance.
- 9. I understand that I may receive a bill for services and am responsible for any balance not covered by my insurance plan.

X _____ X _____

Patient/Guardian Signature

Date

Notice of Privacy Practices

By signing this notice, you acknowledge that you have been offered a copy for review of Rehab Carolina's Notice of Privacy Practices in which copies are available in the clinic and available on our website. This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice.

X _____ X _____

Patient/Guardian Signature

Date