



**Consent to Treat:** I give my consent to be treated at Catalyst Sports Medicine. I understand that I will be evaluated and treated by a knowledgeable and capable rehabilitation team that may consist of physical therapists, physical therapist assistants, and physical therapist students on their clinical rotations. If I refuse to sign this consent and still obtain treatment from Catalyst Sports Medicine, consent is implied.

**Consent to Bill:** I consent to have Catalyst Sports Medicine bill my insurance for services rendered. I request payment of authorized benefits directly to the provider for services provided to me. I agree that any balance on my account will be my responsibility until my account is paid in full. I agree to obtain any referrals and/or prior authorizations needed by my insurance carrier. If a necessary referral or prior authorization is not obtained I may be responsible for payment.

**Cancellation & No-Show Policy:** Repeated cancellations and no-show appointments negatively affect schedules for patients, clinicians and support staff. Not showing up for your regularly scheduled appointments may compromise your physical therapy progress. If you have repeated cancellations within 24 hours of your appointment or no-show appointments, you will be scheduled under our 'Same Day Appointment' policy. This policy allows you to only book same day or next day appointments to ensure that you are able to make your scheduled time. This policy helps to ensure other patients can get their needed appointments as well.

We strive to provide the best possible outcomes for you. If you are having difficulty making it to your appointments, please discuss your options with your therapist or our customer care team. We can work together to help you get better!

**Patient Privacy:** I acknowledge that I have been given a Notice of Privacy Practices for Catalyst Sports Medicine. I recognize that outside of purposes for treatment, for payment, for certain healthcare operations or as permitted or required by law I must give my written authorization to Catalyst Sports Medicine to release any of my protected healthcare information.

**Appointment Reminders:** I give Catalyst Sports Medicine permission to call/text me with appointment reminders.

**Release of Information:** I consent to the release of information about my medical condition to individuals involved in my care and for payment of my care.

**Insurance Verification:** I understand that Catalyst Sports Medicine contacts my insurance carrier to inquire about outpatient physical therapy benefits as a courtesy only. Patients are ultimately responsible for knowing their own outpatient physical therapy benefits and should contact their insurance carrier with any questions.

**Medical Records for Scientific Research (optional circle: Y or N):** I authorize the use of my medical records for medical or scientific research. By collecting information from medical records, researchers learn about new or better ways to diagnose and treat illnesses. All research data collection is standardized to remove all PHI. This authorization does not expire but may be revoked or limited in writing by me at any time.

**Harassment Policy:** Discrimination or harassment against any member of the Catalyst Sports Medicine community (i.e., employee, clinician, patient, coach, student, or volunteer) because of age, ancestry, color, disability, gender, gender identity and/or expression, marital or parental status, national origin, pregnancy, race, religion, sexual orientation, veteran's status or any other categories protected by federal or state law is prohibited and will not be tolerated, nor will any person for those reasons be excluded from the participation in or denied the benefits of any program or activity within the Catalyst Sports Medicine community.

If you have any questions regarding this information, please contact a Catalyst Sports Medicine staff member in person or call us at 715-386-1155.

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Patient or Guarantor Signature

\_\_\_\_\_  
Date