



# SAN RAMON VALLEY PHYSICAL THERAPY

Specializing in Sports and Spinal Injuries

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Danville, CA 94526  
(925) 552-3787 FAX: (925) 552-6173

## **ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF PRIVACY PRACTICES**

I have read and fully understand the San Ramon Valley Physical Therapy Summary of Privacy Practices (on clipboard). I understand that San Ramon Valley Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to the treatment or payment.

\_\_\_\_\_  
Patient Name (printed) Patient Signature Date

**\*\*If patient is under 18 or acknowledgement is signed by someone other than the patient, please complete the following:**

\_\_\_\_\_ Parent or guardian of minor patient \_\_\_\_\_ guardian or conservator of an incompetent patient

\_\_\_\_\_  
Patient Name (printed) Patient Signature Date

## **CONSENT TO RELEASE INFORMATION**

I agree to let the individual(s) below participate in discussions and decisions related to my medical care. I hereby give my permission for San Ramon Valley Physical Therapy to disclose my personal medical information to the following individual(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

I understand that this consent may be revoked by me at any time by written notice to the above practice.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## **DEDUCTIBLES AND COPAYMENTS**

Please be advised that you will be responsible for the average reimbursement until your deductible and/or out of pocket amount is met. It is our policy to collect these monies up front to avoid billing the patient. If you overpay, we will reimburse you or drop your copayment amounts to \$0 until the overage is caught up.

***These fees are an ESTIMATE of your deductible and your account will be reconciled once you have completed therapy.***