CLINIC POLICIES & CONSENT

1. I understand Stride Home Therapy is a private payer service and does not submit claims to insurance providers for reimbursement.

2. The Cancellation Policy: 48-hour notice is required.
    a. - Late Cancellation (if within 48hrs of appointment): $75 fee.
    b. - No Show (not at home or at agreed upon location): Full $150 fee regardless of package agreed upon.

3. Assumption of Risk: I acknowledge that I am aware of and understand the risks and dangers associated with Home Therapy including but not limited to: strengthening, soft tissue massage, balance training and fall prevention. I understand and am informed that in the practice of therapy, there are some risks; including, but not limited to: fractures, disc injuries, strokes, dislocations, falls, dizziness, headaches, bruising, sprains, and muscle soreness. I do not expect the physical therapist to be able to anticipate and explain all risks and complications. I wish to rely on the healthcare providers to exercise judgment during the treatment based upon the facts then known, in my best interests. I voluntarily assume full responsibility for any and all risks of loss, property damage, or personal injury that may be sustained by me as a result of my participation.

4. Release and Waiver: In consideration for being allowed to participate in Home Therapy, I hereby release, waive, and forever discharge Stride Home Therapy along with their officers, employees, and agents, from any and all liability, claims, or demands for personal injury, sickness, or property damage of any kind arising out of my participation in Home Therapy.

5. Indemnification: I agree to indemnify and hold harmless Stride Home Therapy from any and all claims or expenses, including attorneys' fees, arising from any claim or lawsuit brought by me or any third party associated with my actions during Home Therapy.

6. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Idaho.

7. ACKNOWLEDGEMENT:
    I certify that I am at least 18 years of age and legally competent to sign this agreement. I have read this document and fully understand that by signing, I am giving up my legal rights and remedies to sue Stride Home Therapy for any reason related to Home Therapy.

8. AUTHORIZED REPRESENTATIVE:
   I designate the following individual(s) as my authorized representative(s) who may participate in making decisions related to my care under Stride Home Therapy and whom Stride may contact to discuss my protected health information to coordinate my care.

Full Name _____ Phone# _____ Relationship _____

Full Name _____ Phone# _____ Relationship _____

I received all this information prior to initiation of care. I consent to treatment and have participated in all aspects of my plan of care. By signing below, I acknowledge receipt and understanding of these policies on this consent form.

We Will Fill Out At First Visit

Client's Printed Name:_____

Client's Signature:_____ Date:_____

Witness's Printed Name: _____

Witness's Signature:_____ Date:_____