Myofascial Release of Central Florida

Permission to Treat

I authorize permission to be treated by the Therapist(s) at Myofascial Release of Central Florida.

All treatments, including manual therapy techniques, will comply with state and federal guidelines.

In accordance to the APTA (American Physical Therapy Association) Physical Therapy Practice Acts, the state of Florida allows a Physical Therapist Direct Access within guidelines. Direct Access permits a licensed Physical Therapist to evaluate and treat a patient without the need for a physician's referral or script.

However, in the event that a patient requires treatment for a condition _not previously assessed_ by a practitioner of record, the therapist will obtain a practitioner of record who will review and sign the plan if treatment is required beyond 21 days.

Some procedures may include internal techniques. These techniques are performed through the oral cavity for cranial or TMJ treatment. Patients experiencing coccygeal (tailbone), visceral or pelvic floor pain may require vaginal or rectal techniques. _These techniques are only performed by a trained, licensed Physical Therapist._ Not all patients may require internal techniques. However, in the case where a patient is a candidate and agrees to treatment, an additional informed consent will be required.

I understand that I am an active participant in my therapy and it is my responsibility to provide accurate and timely feedback to the therapist regarding my response to any techniques or exercise. I am responsible to keep my therapist updated on any change(s) in my healthcare status (car accident, new injury, change in medication, etc).

I understand that I am in full control of my therapy and have the right to halt any technique or exercise at any time by asking my therapist to stop. This will be complied with the therapist without question.

By signing below, I acknowledge to have read and understood the above.

Patient Name_____

Patient Signature_____ Date _____

Therapist Signature_____ Date _____