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HIPPA COMPLIANCE

SIGN & DATE AT THE BOTTOM, COMPLETION OF THIS SHEET IS REQUIRED – THANK YOU

Freedom Physical Therapy & Sports Rehabilitation, LLC is fully committed to compliance of HIPPA by

Providing appropriate security for our patient records

Protecting the privacy of our patients medical records

Providing our patients with proper access to their medical records

Maintaining our patient information and billing process in compliance with National HIPPA

Standards

Compassion
with High Integrity

Strong
Communication
Skills

Orthopedic and
Musculoskeletal
Specialists

Certified Clinical
Instructor Facility
for PT & PTA
students

CONSENT FOR TREATMENT

I hereby authorize Freedom Physical Therapy & Sports Rehabilitation, LLC and its staff to render whatever services is necessary for my care and/or my dependents.

PHONE MESSAGES

I hereby authorize Freedom Physical Therapy & Sports Rehabilitation, LLC to leave messages regarding patient appointment times at the phone numbers given on the patient information sheet unless otherwise noted.

RELEASE OF INFORMATION

I give permission to Freedom Physical Therapy & Sports Rehabilitation, LLC to release my medical records information to the following people when they are inquiring about me.

Dedication to
Teaching and
Furthering
Professional
Education

PATIENT AGREEMENT

I, the undersigned have read, understand and agree with the sheet titled "INSURANCE BILLING AND COLLECTION GUIDELINES", that has been provided to me in this packet. I am responsible for all fees regardless of insurance coverage and that payment is due at time of service. I am responsible for furnishing all insurance information correctly to Freedom Physical Therapy & Sports Rehabilitation, LLC prior to treatment, unless other arrangements have been made in advance. If you have read and agree with the above policies please sign and date below.

Signature _____ Date _____

Highly Trained and Specializing in

Complex Pain and Movement Disorders • Sports and Work-related injuries (e.g., sprains, strains, fractures) • Pain and functional limitations in the neck, extremities and back • Balance problems with increased fall potential
Rehabilitation before and after surgery (e.g., extremities, neck, back) • Research preferred Manual Techniques and Customized Therapeutic Exercises • Total Joint Replacements (knee, hip, shoulder & disc)
Communication that unclutters and demystifies medical language • State-of-the-art equipment (e.g., Sports & Balance, Class 2 Erchonia® & Class 4 LightForce® lasers)