



## **Sipe Therapy Group & Affiliate; Yelm Physical Therapy**

### **Consent for Telehealth treatment, release information and assignment of insurance benefits**

I hereby consent for Telehealth visits between Yelm Physical Therapy to evaluate and treat me (or my dependent). Telehealth involves the use of electronic communication between YPT Provider and the patient at different locations to share individual patient medical information for the purpose of improving patient care.

I authorize Yelm Physical Therapy to release to my insurance company(ies) any medical information necessary to process my insurance claim. My signature also authorizes any insurance benefits to be paid on my behalf to the providers at Yelm Physical Therapy. I hereby agree to full responsibility for all expenses incurred by myself, or minor child.

### **Financial policy and agreement**

1. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy, this office will submit bills to your insurance carrier. In order to facilitate claims processing, you must provide all insurance policy information and any changes to your insurance. Your bill is your responsibility, whether your insurance company pays or not. At times, you may need to contact your insurance carrier regarding slow or non-payment of your insurance claims. You are responsible for knowing what your insurance does or does not cover and the providers and network(s) covered by your insurance company. You will be billed for any service provided, but not covered by your insurance company.

### **Notice of privacy practices acknowledgement (HIPAA)**

We keep a record of the health care services we provide you. You may ask to see and copy that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed and how you may access your information.

Other parties whom you would like to receive information on your behalf (not insurance companies):

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**By accepting this agreement and entering the waiting room, I am agreeing to this Telehealth treatment.**