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### Conditions & Consent for Personal/Performance Training

I understand that I am a client of BeneFIT Physical Therapy LLC, a private, therapist owned Physical Therapy, Personal Training, and Performance Training practice.

**Cooperation with Treatment** In order for Personal/Performance Training to be effective, I must come to scheduled appointments unless there are unusual circumstances. I understand and agree to cooperate with and perform the program intended for me. If I have trouble with any part of my program, I will discuss it with my Trainer.

**Cancellation Policy** I understand that to successfully achieve the goals of training established by myself and my trainer it is essential for consistent attendance as outlined by my plan of care. I understand that three (3) no shows could result in my being charged one session of training. Furthermore, I understand that if I cancel more than 12 hours in advance I will not be charged. I understand that if I cancel in less than 12 hours in advance I could be charged 1 training session at the discretion of my trainer.

**Limitations** I understand that there are no guarantees regarding accomplishing my goals. I understand that my trainer will outline and discuss goals of training based on my fitness levels and options with me before I consent to training.

**Informed Consent for Treatment** I understand the term 'informed consent' means that the potential risks, benefits, and alternatives of training have been explained to me. The trainer provides a wide range of services and I understand that I will receive information at the initial visit concerning the training and options available for my fitness levels.

**Potential Risks** I understand I may experience an increase in some level of pain or discomfort, or an aggravation of an existing injury or condition. This discomfort is usually temporary; if it does not subside in 24 hours, I agree to contact my trainer.

**Potential Benefits** I understand I may experience an improvement in my fitness levels and an increase in my ability to perform daily activities. I may experience increased strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I can expect to gain a greater knowledge about managing my fitness and the resources available to me.

**Alternatives** I understand that if I do not wish to participate in the training program, I will discuss my medical, surgical, or pharmacological alternatives with my physician or primary care provider.

**Financial Responsibilities** I understand it is my responsibility to purchase all training sessions prior to using them with my trainer. That I am solely responsible for keeping track of the number of sessions I have used and am fully responsible for scheduling those sessions with my trainer.

**Notice of Privacy Policies** I understand that I was provided with a copy of the Notice of Privacy Policies utilized by BeneFIT Physical Therapy LLC in compliance with regulations under the Health Insurance Portability and Accountability Act (HIPAA) Sec. 45 CFR 160 and 164. I understand that if I would like more information about BeneFIT Physical Therapy LLC's privacy practices or to file a complaint I can contact BeneFIT Physical Therapy attn: privacy Officer at 479 Union Ave Bridgewater NJ 08807.

**I have read the above information and I consent to the Personal/Performance Evaluation and all subsequent sessions.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent(Guardian) Signature if patient is under 18 years of age

\_\_\_\_\_  
Witness