



Patient Information

Please use black or blue ink only. If requested fields are unknown, please leave blank and request assitant

Referring Provider

Today's Date

Services

Wound Care

Lymphedema

Ostomy

1. PATIENT DETAILS

First Name

Middle Name

Last Name

Gender

male

female

other

Date of Birth

Social Security No.

Marital Status

married

single

other

2. CONTACT INFORMATION

Street Address

City

State

Zip Code

Phone

E-mail

3. INSURANCE INFORMATION

Insurance Co.

Policy Number

Policy Holders Name

Policy Holders Date of Birth

4. EMERGENCY CONTACT/CAREGIVER

Name

Address (if different)

City

State

Zip Code

Phone

E-mail

5. ADDITIONAL INFORMATION

How did you hear about us?

Primary Care Physician

Physician's Phone

IMPORTANT RULES & POLICIES

1. No-show policy – Not showing up for an appointment without notice (or less than 24-hours in advance) will result in a \$50 fee added to my account.
2. 48-hour advance notice is required for changes to my appointment otherwise a \$25 fee may apply.
3. Late Policy – If I'm late more than 15-minutes to my appointment, I may be rescheduled or asked to wait for the next available open time slot.
4. Lymphedema patients – The lymphedema kit has a cost of \$40 dollars that is not covered by insurance.
5. Children requiring supervision are not allowed to attend sessions.
6. Cell phones must be shut off or silent.
7. If you are experiencing any financial hardship, please notify us immediately so we can create a payment program that is feasible.
8. I have read and agreed to the policies above.

Your Signature



Photography Release Form

Please use black or blue ink only. If requested fields are unknown, please leave blank and request assistant

I _____ hereby give *Integumentary Physiotherapy Institute, LLC - DBA Integumentary Physiotherapy Clinic* (616 E Altamonte Dr. Suite 203 Altamonte Springs, FL 32701) the absolute and irrevocable right to take and permission to use photographs of me, or in which I may be included with others.

- a) To copyright the same in said organization's own name or any name that they choose, and/or
- b) To use re-use, publish and republish the same in whole or in parts, individually or in conjunction with other photographs, in any medium and for the purpose of medical information of the public, medical staff or clinic employees, including (but not limited to) illustration, promotion, and advertising and trade, and/or
- c) To use my name in connection therewith if they so choose yes no
- d) Restrictions: no facial photographs other restrictions

I hereby release and discharge the Integumentary Physiotherapy Institute from any and all claims and demands arising out of or in conjunction with the use of photographs, including but not limited to any and all claims of libel, invasion of privacy, etc.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Integumentary Physiotherapy Institute.

I am over the age of eighteen, have read the foregoing and fully understand the contents thereof.

Subjects Name	
Your Signature	

Witness	
Date	



Notice of Privacy Practices & Patient Consent Form

How We Collect Information About You

Integumentary Physiotherapy Institute, LLC DBA Integumentary Physiotherapy Clinic (IPC) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that are considered patient confidential, restricted by law, or specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between IPC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to verify your medical information is accurate and determine the type of medical supplies or health care services you need. This is including, but not limited to, or to obtain or purchase any type of medical supplies, devices, medications, or insurance.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect

We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.integumentarypt.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited a diabetes website simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of IPC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without the client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Receipt of Notice of Privacy Practices & Written Acknowledgement Form

Patient's Name	
Patient's Signature	

Practice	Integumentary Physiotherapy Clinic
Date	