



Name(first) _____ (last) _____ (M.I.) _____ DOB _____

home/cell Phone # _____ home/cell Best # _____

Address: _____ City _____ State _____ Zip _____

Emergency contact _____ Relationship _____ Phone _____

RELEASE OF INFORMATION

I give permission to Body Dynamic to release information to other healthcare providers, my insurance company, attorney, assignees and/or beneficiaries. _____ initial

I give permission to Body Dynamic to call and leave personal information at the above “best” telephone number. _____ initial

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have read and understand the HIPPA guidelines. A copy is available at my request. _____ initial

RELEASE OF LIABILITY (legal representative/patient)

I release Body Dynamic from any liability for injury or damages while using the facilities located at 333 Los Gatos Saratoga Rd., Los Gatos, CA 95030. Body Dynamic will not be subjected to any claim, demand, injury or damages whatsoever, including, without any limitation to those damages resulting from acts of active or passive negligence, except for the sole negligence or willful misconduct, on the part of Body Dynamic, their owners, officers, agents or employees. The patient, for himself/herself and on behalf of his/her executors, administrators, heirs assigns and successors does hereby expressly forever release and discharge Body Dynamic, its owners, officers, employees, agents, assigns and successors from all such claims, demands, injuries, damages, actions or causes of action. I also agree that the Body Dynamic is not responsible or liable to patients for articles damaged, lost or stolen in or about the facility. _____ initial

CANCELLATION POLICY: We respectfully request a 24 hour notice of cancellation. If you have an emergency and cannot provide a 24 hour notice, please call as soon as possible and leave a message on our answering machine. Cancellations without 24 hour notice will be charged a \$45 cancellation fee, payable at your next visit. _____ initial

I willingly consent to physical therapy treatment provided by Body Dynamic. _____ initial

My initials above indicate my full participation and agreement for Body Dynamic’s services:

Signature _____ Printed name _____ Date _____