



HPT Signature Form

Homer Physical Therapy wants to be more eco-conscious by saving paper and minimizing printer use. We also want to reduce the amount of paperwork for clients to complete. Please read paperwork provided which details our policies. When finished **please initial each line** and sign/date below indicating that you read, understand, and agree to the policies expressed. Thank you.

_____ Insurance for Chiropractor treatment/visits

Seeing a Chiropractor? Yes _____ No _____ (check one)

_____ Photograph release Yes _____ No _____ Comments _____

_____ Notice of Privacy Practices (HIPAA)

By initialing the above lines I have read, understand, and agree with the policies provided to me; and I know that at any time I may request/receive a copy of these policies from Homer Physical Therapy.

Print Name

Client Signature

HPT Witness Signature

Date

Date