

Consent to Treat – Physical Therapy and Wellness Services

I hereby consent to receive physical therapy and related health and wellness services provided by On-Site Solutions Physical Therapy (OSSPT). These services may include evaluation, treatment, education, and wellness interventions delivered by licensed Physical Therapists and/or Athletic Trainers.

I understand and acknowledge the following:

- **Voluntary Participation:** My participation in these services is voluntary, and I may withdraw consent and discontinue treatment at any time.
- **Scope of Services:** Services may include physical therapy as well as general health and wellness support such as movement assessments, injury prevention strategies, ergonomic education, and fitness or recovery guidance. The risks and benefits of treatment will be explained to me, and I may ask questions at any time.
- **Employer-Sponsored Services:** I understand that all services provided by OSSPT are sponsored and paid for by my employer. I will not be billed for any services rendered.
- **Privacy and Records:** My health information will be kept confidential in accordance with applicable laws and regulations. I may request access to my records at any time.
- **Communication:** I consent to be contacted via phone, text, or email for scheduling, follow-up, or administrative purposes.

By signing below, I confirm that I have read, understood, and agree to the terms outlined above.

Client Signature: _____ Date: _____

Client Printed Name: _____

Parent/Guardian Signature (if under 18): _____ Date: _____