Admission Authorizations & Informed Consent

For: _____ Date: _____

Welcome

Thank you for choosing LifeCare for your therapy and rehabilitation needs. We know that you have choices when it comes to your healthcare, and we will strive to meet and exceed your expectations in the therapy and customer service that we provide to you. Please read this document in its entirety, initial each page and sign the last page of the document to acknowledge your understanding and receipt.

How to Reach Us

We welcome your comments, compliments and concerns and are happy to provide you with any additional information. Please contact us at any time.

Admissions/Patient Coordinator:	Elisha Becker (direct) 954-773-8314
Office:	866-718-5757
Fax:	866-718-5759
email:	elisha.becker@lifecaretherapy.com\

Therapy Policies & Procedures

Scheduling Policy

Your therapist(s) will provide you with contact information so you can reach and schedule with your therapist(s) directly.

Cancellation Policy

LifeCare Therapy Services is committed to minimizing the adverse effects of poor patient attendance which (1) affects the outcomes for therapy plans of care (2) results in missed work for the treating therapist and (3) potentially prevents other patients from being seen. If it is necessary to cancel an appointment, patients are expected to notify their therapist **24 hours before their scheduled appointment.** If a patient cancels with less than 24 hours of notice or does not show for a scheduled appointment, then **a $50.00 charge may be applied to the account. This charge must be paid for privately by the patient and is not billable to Medicare or other insurance**. If a patient cancels and/or no-shows for 3 or more therapy appointments within a therapy plan of care, the patient may be discharged from therapy for noncompliance. LifeCare Therapy understands that emergencies can and do occur and exceptions will be made on a case-by-case basis.

Informed Consent for Treatment

Serving South Florida since 2004, LifeCare Therapy is a Medicare Part B certified clinic providing one-to-one outpatient Physical, Occupational & Speech-Language Therapy services to patients in their homes, our clinic in Tamarac, FL, or a location of your choice including daycare centers, ALFs, ILFs, and more. Our mobile therapy team serves patients throughout Miami-Dade, Broward, Palm Beach, Port St. Lucie & Martin counties.

All therapy services that we offer are provided by therapists who are licensed and have completed background screening requirements. We provide therapy under a doctor's written orders who will also be given a copy of the therapy plan of care to review and certify.

Response to a specific treatment can vary widely from person to person so it is not always possible to accurately predict your responses to a certain therapy modality or procedure. Please understand that we are not able to guarantee precisely what your reactions to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions. You have the right to ask your therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session. While we know that these risks exist, we will conduct the initial therapy evaluation and provide you with our expert recommendations for you to be able to make an informed decision.

Monitoring of Vital Signs & Use of Gait Belt

LifeCare Therapy Services requires that all therapists carry and utilize a gait belt during treatment sessions and also monitor a patient's vital signs before the start of a therapy session. These policies are to protect the health and safety of both our patients and our therapists and we appreciate your cooperation with these requirements.

Medical Incidents & Risks

LifeCare Therapy Services requires that all therapists assess patient vital signs at a minimum at the start of care and more often if indicated by diagnosis or patient need. Often, a patient might be determined to be at risk based on abnormally high or low blood pressure or other factors. If a therapist makes this determination, it is our policy that "911" be called. A patient has the right to refuse emergency service but our therapists must make the call so that the appropriate emergency medical team can better evaluate the patient.

Home Exercises & Remote Monitoring

Most outpatient therapy programs include a home exercise program as part of a therapy plan of care. LifeCare provides our therapists and patients with access to an online home exercise program app that allows your therapist to:

- Assign you a custom program that can be accessed online or be provided in "paper" format;
- Allows you to "share" the program so others can help with exercise performance;
- Asks you to report pain and level of difficulty with each exercise so that your program can be adjusted when needed;
- Video-records your performance of your home program so your therapist can assess for proper technique and form to protect from injury.

All of these features allow your therapist to monitor your home exercises outside of your scheduled therapy sessions to help you achieve the best outcomes possible. These services are part of a "Remote Therapeutic Monitoring Program", are a covered benefit under Medicare, and will be included as part of your program based on your therapist(s) recommendations.

Treatment Time Verification

To verify the time your therapist has spent with you, your therapy team will be logging in and logging out directly in HUCU. HUCU is a HIPAA-compliant messaging program used by LifeCare and your therapy team to be able to connect. If a therapist is not able to access HUCU at your home or place of service, will be asked to sign a Treatment Verification Log at each visit. Please be sure that the date, start- and stop times are accurate and please never sign a “blank” log or a log when you did not receive therapy services. If you have any concerns, please notify our Admissions immediately.

In certain situations, a patient may not be able to physically sign a treatment note. In these cases, LifeCare of Florida asks that a person or persons be identified who can sign the treatment note on the patient’s behalf. This signature is solely to acknowledge receipt of therapy and does not authorize the person to act on the patient’s behalf in any other manner.

Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), and Health Information Technology for Economic & Clinic Health (HITECH), LifeCare has a Notice of Privacy Practices which provides detailed information on how we may use and disclose Protected Health Information about you. You have the right to review our Notice before signing this consent and prior to any service being provided to you by LifeCare of Florida. LifeCare reserves the right to change this Notice and, if we do change this notice, you have the right to obtain a revised copy on your request. You also have the right to revoke any Consents given provided that you do so in writing. Please note that a revocation cannot affect any disclosures we have already made.

LifeCare will release your Protected Health Information to your physician(s) and will also use your information for LifeCare treatment, payment, and operations. If you would like information released to other individuals or companies, please contact our office and a HIPAA Authorization Form will be given to you.

Acknowledgment of Financial Responsibility

Whether you are a new client or a returning loyal patient of LifeCare, we want to be sure you understand the cost of care. LifeCare Therapy Services is an accredited Medicare provider and an in-network provider for United HealthCare. Your therapy can also be covered by a PPO Plan with out-of-network benefits and many long-term care plans. LifeCare will bill your insurance company directly on your behalf. If you have Medicare, Medicare will pay 80% of the approved amount and we will bill your secondary insurance, or you, for the remaining 20%.

If you do not have insurance or do not want to use insurance for therapy care, private pay options are also available. If you do not have insurance, choose not to use your insurance, or choose to receive out-of-network care, you have the right to a Good Faith Estimate before care is started.

If you have questions regarding your coverage and any out-of-pocket expenses, please speak directly to the office who will have the most accurate information.

We are in the home, but we are not Home Health.

LifeCare of Florida is certified by Medicare as an outpatient therapy provider and works under a unique "mobile clinic" model. **If you require Part A home health therapy or nursing needs, LifeCare services may not be covered.** Examples of services that may be provided under home health include nursing services, wound care, lymphedema care and some paid home health aide services. If you begin any of these services, please notify our office so we can determine insurance coverage for our care.

Authorization & Informed Consent

Name: _____ Date: _____

Please Initial & Sign Below

Financial Responsibility

_____ I have read, received, and understand my **Financial Responsibilities** for the therapy care that will be provided by LifeCare. I will notify LifeCare of any change in my insurance coverage or if home health therapy is started.

_____ I understand and acknowledge my financial responsibility for any co-payments, deductibles, out-of-pocket, or co-insurance costs that are not covered by my insurance policy.

_____ I understand that if I cancel with less than 24 hours of notice or do not show for a scheduled appointment, then **a $50.00 charge may be applied to my account. I understand that this charge must be paid for privately.** Exceptions will be made for emergencies.

_____ I request payment of Authorized Medicare or other Insurance benefits to me or on my behalf for any services furnished to me by LifeCare Therapy Services. I authorize any holder of medical or other information about me to release to Medicare, my insurance company, and its agents any information needed to determine these benefits or benefits for related services.

_____ I understand that if payment is directed to me, it is my responsibility to forward this payment to LifeCare.

Informed Consent

_____ I understand that while I cannot be given a guarantee of outcomes, I understand my rights and I consent to participate in the recommended therapy program.

_____ I understand that LifeCare policies require that therapists utilize a gait belt and monitor vital signs during treatment sessions and that these protocols are in place to protect my safety and also the safety of my therapist.

_____ Based on the recommendations of my medical provider and my therapist(s), I may be assigned a home exercise program as part of my therapy plan of care. My therapist may "remotely monitor" my program through the information I provide to ensure that the program is appropriate, I am performing my exercises correctly, and will use this information to modify and adjust my home program appropriately.

HIPAA

_____ LifeCare has a Notice of Privacy Practices which provides detailed information on how we may use and disclose Protected Health Information about you. I understand that I have the right to review our Notice before signing this consent and prior to any service being provided to you by LifeCare of Florida. This document can be provided by the office, your therapist or can be viewed on our website.

_____ I have been given the opportunity to read the Notice of Privacy Practices and I **consent to the use and disclosure of my Protected Health Information** to my other healthcare providers and for treatment, payment and healthcare operations.

_____ I consent to the use of photographs or video recording solely for the purposes of my treatment. Any other use or disclosure of photographs or video recordings will only be authorized with a separate, written consent.

_____ LifeCare and my therapy team may communicate with me via telephone, text messaging and email. I also am aware that I can text with my team using HUCU, a free service for me and my family members that is offered by LifeCare.

Treatment Verification

_____ I understand that LifeCare Therapists will use HUCU to check in and check out for my therapy sessions online to my account. If HUCU cannot be used, my therapist may ask me to sign a written log to verify the date and time of my treatment session. I will never sign a blank log and I will notify LifeCare if I have any concerns.

_____ I understand the purpose of the **Treatment Verification Signature Log**.

☐ The patient's signature is the only valid signature for the Treatment Verification Log.

☐ The following person(s) may sign the Treatment Verification Log on the patient's behalf:

Name: _____ Relationship: _____

Power of Attorney (If Applicable)

_____ I have a Power Of Attorney (POA) for financial decisions. Verbal acknowledgment of financial responsibility is required from the POA for a patient who is competent but has deferred financial decisions to a POA.

_____ I am the POA for this legally incompetent patient. A copy of POA documents must be provided for this patient's record prior to evaluation.

Patient Name	Signature	Date
Responsible Party (if other than patient) Name	Signature	Date
Therapist (Witness)	Signature	Date