



**NOTICE OF PRIVACY PRACTICES, EXERCISE ROOM AND
AQUATIC PHYSICAL THERAPY PROGRAM AGREEMENTS**

Welcome to Peterson Physical Therapy. We realize there is an enormous amount of paperwork that needs to be completed by you before starting a Physical Therapy program. In an effort to minimize paper waste and make your experience here with us most efficient and effective, we have attempted to condense the number of papers needing signatures into one page. Please sign and date on the spaces provided below only after you have completed reading the corresponding section in the red binder available from the receptionist. Thank you-

I have read a copy and understand the **“NOTICE OF PRIVACY PRACTICES.”**

Signed _____ Date _____
(Patient or Legal Guardian)

I have read and understand the **“AGREEMENT TO USE EXERCISE ROOM.”** I agree to use of the exercise room as part of my physical therapy treatment, as outlined on page 5.

Signed _____ Date _____
(Patient or Legal Guardian)

I have read and understand the **“AQUATIC PHYSICAL THERAPY PROGRAM AGREEMENT TO PARTICIPATE.”** I agree to use of the aquatic therapy program as part of my physical therapy treatment, as outlined on page 6.

Signed _____ Date _____
(Patient or Legal Guardian)

**Thank you,
Peterson Physical Therapy**