



PHYSICAL THERAPY • TRAINING • SPORTS

Welcome to Kineci! We are grateful that you have made a choice to join our physical therapy family and the start on your health improvement journey...

Please find enclosed the following documents:

- *Informed Consent (Please sign and return to us.)*
- *Prescreen Questionnaire (Please complete and return to us.)*
- *HIPAA and Privacy Disclosure (Please read and sign/return the first page to us.)*
- *...& the Medicare ABN Form- ONLY fill this out if you are over 65 & have Medicare - See next:*

Medicare ABN Form-

- *Box D= Testing, Evaluation, and Treatment*
- *Box E= Medicare does not pay for Testing, Evaluation, and Treatment*
- *Box F= Estimated cost \$197*
- *Please check 'Option 2', sign the document, and return to us at your evaluation appointment.*

At Kineci, we believe you should be in charge of your healthcare decisions. Things you should know about Physical Therapy: You do NOT need a doctor's referral to see us. You have the right to go to any PT provider you choose. Only your best interests matter and its entirely your choice to make. We want you to be able to make these decisions so we do not direct bill through Medicare or insurance companies. We have you pay for services at the time of the appointment and will issue you a 'super bill' when you are ready to submit to your insurance company for reimbursement if your policy covers physical therapy. We will coordinate your care with your physician as you prefer.

If you have any questions, concerns, or need clarification you can call our clinic.

Kineci Health & Movement Center - Dr. Steve Politis, DPT

Phone: (805) 284-9449

22 West Mission Street, Ste B, Santa Barbara, CA 93101

We look forward to providing you with exceptional care in physical therapy, personal training, and continued service after your treatment plan. Please check out our website for information regarding licensure, certifications, services, programs, testimonials, and a synopsis on our Dr. Steve Politis, DPT.

<https://kineci.com>

We look forward to seeing you soon!

*Michelle Voizin*

Office Manager

Kineci with Dr. Steve Politis, DPT

## Informed Consent

**Politis & Associates Physical Therapy, PC** offers services ranging from physical therapy, fitness training, performance training, and bodywork. Your Physical Therapist is licensed by the state of California. Physical therapy involves the use of many different types of physical evaluation, testing, treatment, and training. At **Politis & Associates Physical Therapy, PC**, we use a variety of procedures, training, and modalities to help us to evaluate and improve your physical function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy and fitness/exercise training.

The physical response to a specific treatment or exercise varies from person to person. Thus, it is not always possible to accurately predict your response to a particular therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment will be, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain or injury or may aggravate a previously existing condition.

Therapeutic exercises and movement are an integral part of most physical therapy treatment and fitness training plans. Movement and exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

You have the right to ask your physical therapist/ trainer what type of treatment he or she is planning based upon your history, diagnosis, symptoms and testing results. You may also discuss with your therapist/ trainer what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment/training at any time before or during your appointments.

## Acceptance of Responsibility and Release of All Claims

I understand and agree that all aspects of my participation in physical therapy/training are and will be my sole choice. I accept full responsibility for my decision and for my own exertion, pacing, and safety. Anything and everything I do in physical therapy/training is and will be my choice. I will promptly tell my physical therapist/trainer about any concerns I may have and/or any changes in my health status.

I hereby release **Politis & Associates Physical Therapy PC** from any and all untoward consequences, claims, and/or causes of action that may, grow out of or be incident to the physical therapy/training services that I hereby authorize and accept, in so far as the law allows, provided that these services are performed with ordinary care and arise the best of their ability.

***I acknowledge that my proposed program has been explained by Politis & Associates Physical Therapy, PC, to my satisfaction and all of my questions have been answered. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.***

\_\_\_\_\_  
Patient/Client Signature

Date: \_\_\_\_\_  
M/D/Y

\_\_\_\_\_  
Parent or Legal Guardian (if patient/client is a minor)

Date: \_\_\_\_\_  
M/D/Y

## Prescreen Questions

---

1. In the past 4 months, have you had any of the following? (check all that apply)

- A serious injury
- An accident
- A fall
- Surgery

2. Are you currently under any activity restrictions on the advice of a healthcare professional? **Y/N**

3. Do you have any heart, respiratory, or breathing/ conditions that limit your activity? **Y/N**

4. Please fill the blank to these 3 statements...

- I have pain when doing \_\_\_\_\_
- I'm unable to do \_\_\_\_\_
- I'm not confident doing \_\_\_\_\_

## Informed Consent

---

I understand the following:

- It is my choice to participate in a movement screen that will take about 15-25 minutes to complete.
- I will be asked to perform 12-15 movement patterns that simulate common physical activities.
- I alone am responsible for my safety, comfort and pacing.
- I may limit my movement or refuse to do any movements that I am asked to perform.
- While participating, I am encouraged to ask about any questions or concerns that I might have.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*M/D/Y*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First* *Middle* *Last* *M/D/Y*

Address: \_\_\_\_\_  
*City* *State* *Zip*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_



PHYSICAL THERAPY • TRAINING • SPORTS

## Dr. Steve Politis, DPT - Kineci

Dear Patients:

We consider the privacy of your health information to be one of the most essential elements in our relationship with you. Our responsibility to maintain the confidentiality of your health information is one that we take very seriously. We have taken the following steps to protect your privacy:

- We train our staff members on their responsibility to maintain the confidentiality of your health information and hold them accountable for their actions.
- We do not sell your information to any organization.

Federal legislation concerning patient privacy requires health care providers, health insurance companies, and other health related organizations to bolster their privacy practices as of April 14, 2003.

Attached with this letter is our Acknowledgement Form and the Notice of Health Information Privacy Practices. We are pleased to provide this information to our patients and to comply with the privacy regulations of the federal Health Insurance Portability and Accountability Act (HIPAA).

1. Complete the Acknowledgment Form at the end of the Privacy Policy that states you have received a copy of the Notice and bring it with you when you come to our office for the first time.
2. Read the HIPAA Privacy Policy and Notice of Privacy Practices attached and keep this for your records.

Thank you!

-Dr. Steve Politis DPT and Staff

### Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
M/D/Y  
Date

**NOTE: Please print out this page, sign it, and bring it with you to your first appointment. The below privacy disclosure is for your personal records.**



## Refund & Cancellation Policy

### CANCELLATIONS-

We work to set up our schedule so all our patients can secure appointments that are convenient for their busy lifestyles. We also ask that you respect our willingness to accommodate your needs coming in early, staying late, and adjusting our schedule for Walk-In and emergency treatments as best we can. Kineci's cancellation policy is as follows:

A). Cancellations need to be in: call, text, or email form 24 hours before your scheduled date/time. Cancellations that are not within these guidelines or not rescheduled at the time of the cancellation, then you will be charged a \$75 cancellation fee. This does include no-shows appointment times. If you are charged for the no-show or cancellation, then you will be notified by email along with a receipt for the cancellation fee.

### REFUND POLICY-

Your satisfaction is our goal. Your success depends on a lot of life factors outside of our control. Sometimes unforeseen circumstances develop. Your mindset, attitude, and energy are the key to your results. We want the best for you but cannot do the work for you. If you are not satisfied with your results we are willing to work with you to help you achieve your goals. Packages are purchased with the understanding that you will be compliant with your visits and program, we cannot be responsible for your life factors outside of our control. Refunds are only considered on a case by case basis. Here are your options:

A). Your remaining sessions/packages can be gifted/transferred to someone that may benefit from our natural healing programs.

B). If you request to have a package/session refunded, you must present the said request to [Steve@kineci.com](mailto:Steve@kineci.com) in writing, for a decision to be made.

C). There will be a 40% administration fee deducted from the amount you are requesting to be refunded. If the request for a refund is received after 30 days of the evaluation, then the administration fee will be 50%.

D). The refund, if granted, will be processed within 7 business days and depending on the course of payment, banking guidelines which are out of our control, or refunds through Care Credit; some refunds are quoted within a 7-14-day timeframe. A receipt of said refund will be emailed to you once processed.

---

Dr. Steve Politis, DPT- Witness

---

Patient Signature & Date