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### Welcome to the Rehabilitation Department of Fisher-Titus Medical Center

Thank you for choosing the Rehabilitation Department at Fisher-Titus Medical Center. We are committed to partnering with you to provide a favorable therapy experience that exceeds your expectations.

As a member of the rehabilitation team, I promise to:

1. Treat you with respect and compassion.
2. Provide the best environment for you to progress toward your individual goals.
3. Involve caregivers, parents, or family members in treatment sessions when appropriate.
4. Provide treatment which encourages the highest level of independence and the least amount of restrictions.
5. Respect your right to privacy by discussing options for treatment settings including: private, semi-private and open settings.
6. Communicate regularly with your physician concerning your progress.
7. Utilize the hand sanitizers before treatment and after to help prevent the spread of germs.

To be successful, we need your commitment as well.

As a patient/family member, I will:

1. Provide maximal effort during the therapy session and perform home follow-up activities as directed by my therapist.
2. Provide all necessary referral and insurance information. Inform the clerical or therapy staff if insurance changes during my treatment.
3. Convey to my therapist preferences regarding privacy and if I would like to discuss an issue in private.
4. Utilize hand sanitizers when entering treatment area and upon leaving to help prevent the spread of germs.
5. Provide adequate supervision to any children, siblings, individuals who are in attendance of therapy sessions or in the waiting room areas in rehab.

#### Important Information Concerning Your Insurance Benefits

The authorization of services as medically necessary by your insurance company does not guarantee payment for specific services. Payment is subject to your eligibility for benefits as outlined in your specific insurance contract. Nothing in the approval process shall be considered as granting benefits or coverage if your benefits do not cover the specific service. Please call the Customer Service Department telephone number listed on the back of your member identification card for questions concerning the specific benefits as outlined by your contract or contact your employer.

#### Consent for Treatment

The diagnosis, recommended treatment potential, benefits, risks, drawbacks, potential problems related to recuperation, likelihood of success, possible results of non-treatment and alternatives were explained to me. My questions have been satisfactorily answered. I have expressed to my therapist my preferred method of receiving education about my therapy. I give consent for treatment.

\_\_\_\_\_  
Signature of patient or guardian                      DATE

\_\_\_\_\_  
Relationship of patient

\_\_\_\_\_  
Signature of witness                                      DATE