

# Allied Health Rehab Centers

**Akron** 

388 S. Main Street  
44311

(330) 543-2110

(330) 543-3851 Fax

**Barberton** 

457 Morgan Street  
44203

(330) 753-5113

(330) 753-8530 Fax

**Cuyahoga Falls** 

650 Graham Road  
Suite 107

44221

(330) 920-1002

(330) 920-0923 Fax

**Mogadore** 

754 S. Cleveland Ave.  
Suite 300

44260

(330) 628-0736

(330) 628-0739 Fax

**Tallmadge** 

81 Northwest Ave.  
44278

(330) 630-0630

(330) 630-9799 Fax

**Wadsworth** 

323 High Street  
Suite 102

44281

(330) 335-0026

(330) 335-2389 Fax

## GENERAL CONSENT FORM

### CONSENT FOR TREATMENT

I consent to the examination, tests, and treatments, which may be done by my therapist (s) and therapy staff during my course of therapy. I understand I have the right to be informed about my treatment.

### RELEASE OF RESPONSIBILITY

I understand that Allied Health Rehab Centers is not responsible for my personal property, money, or valuable left unattended.

### RELEASE OF INFORMATION

I authorize Allied Health Rehab Centers and the therapists involved in my care to release information about my care and treatment: a.) as required to process payment of claims and (b) to other facilities or providers for the continuity of my care. This authorization includes release of information regarding rehabilitation treatment and outcome.

### ASSIGNMENT OF BENEFITS

I authorize payment of my insurance to Allied Health Rehab Centers. I understand that as a courtesy to me, Allied Health Rehab Centers will file an insurance claim with my insurance company but that I am financially responsible for charges incurred at this office.

### SOCIAL SERVICES

A social worker is available to assist you if you feel the need for social service counseling.

\_\_\_\_\_ Yes, I am in need of social services counseling.

\_\_\_\_\_ No, I am not in need of social service counseling.

**I have read and understand the information on this sheet.**

\_\_\_\_\_  
Patient or Legal Authorized Representative

\_\_\_\_\_  
Relationship To Patient

\_\_\_\_\_  
Witness (AHRC Representative)

\_\_\_\_\_  
Date of Signatures