



Dr. Megan Mullin
PHYSICAL THERAPY

AGREEMENT TO HOLD HARMLESS

I, _____ the undersigned, do hereby understand, acknowledge, and agree to hold harmless _____ (Wellness Provider), and _____ (practice name) should I fail to provide the necessary information for safe and proper treatment. "Necessary information" includes, but is not limited to, any medical diagnosis, medical concerns, or to any prescription medications, controlled substances, alcohol, homeopathic remedies, vitamins, and any other over-the-counter items I am currently taking (or that I have been prescribed to take) that could affect my treatment. Failure to inform _____ (Wellness provider) and _____ (practice name) of any such necessary information, or to inform of changes in this necessary information before each treatment shall render _____ (Wellness provider) and _____ (practice name) harmless for any illness, injury, accident and/or death that may occur.

I, the undersigned, also understand, acknowledge, and agree that _____ (Wellness provider) and _____ (practice name) must be supplied with my treating physician's written approval to begin any therapy and/or treatment should I have a preexisting medical condition. Failure to provide written approval from my treating physician for a preexisting medical condition at any time prior to any therapy and/or treatment shall render _____ (Wellness provider) and _____ (practice name) harmless for any illness, injury, accident and/or death that might occur.

Print Client Name

Client Signature

Date

Witnessed by (Print Name)

Witness Signature

Date