

### Notice of Privacy Practice Provisions

I acknowledge that I read Arch Physical Therapy and Pilates Center, LLC's ("Arch") Notice of Privacy Practices before I signed this Consent. The Notice provides a description of the treatment, payment activities, and healthcare operations, of the uses and disclosures Arch may make of my protected health information, and of other important matters about my protected health information. A copy of Arch's Notice accompanies this Consent.

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Signature of Patient

Date

### Patient Payment Agreement Consent Statement

Each patient's insurance company requires a co-payment/co-insurance to be paid when they seek certain medical services. In turn, Arch Physical Therapy and Pilates Center, LLC ("Arch") is contractually obligated to collect any deductible, co-payment, or coinsurance from its patients.

I acknowledge that my insurance company and I have an agreement, and I am solely responsible for the payment of any co-payment, coinsurance, or deductible for health services provided to me, or my dependent. I promise and attest that I will pay the required deductible, co-payment, or co-insurance to Arch within thirty (30) business days from receiving a bill. Patient statements are mailed when explanation of benefits is received from the patient's insurance company.

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Signature of Patient

Date

### New Patient Consent for Treatment Statement

I hereby authorize and request Arch Physical Therapy and Pilates Center, LLC to provide such medical care and administer procedures and treatments as in the judgment of the Oklahoma state licensed physical therapist in attendance and deemed necessary and advisable. The patient certifies that all information provided to this office is true and correct, to the best of the patient's knowledge. The patient grants the patient's consent to this office and its staff to render treatment as deemed necessary by the attending physical therapist. If the patient is a minor child, under the age of eighteen (18) at the date of treatment, I hereby stipulate that I am the legal guardian of the child, and grant my consent for the treatment of the child as provided for herein. The patient may refuse treatment at any time.

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Signature of Patient

Date

### Consent to Electronic Communications

By using Arch Physical Therapy and Pilates Center, LLC's ("Arch") products and services, I consent to receiving certain electronic communications from Arch as further described in the Privacy Policy. Please read Arch's Privacy Policy to learn more about the electronic communications practices. I agree that any notices, agreements, disclosures, or other communications that Arch sends to you electronically will satisfy any legal communication requirements, including that those communications be in writing.

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Signature of Patient

Date