

# Enchanted Lake Physical Therapy

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## ASSUMPTION OF RISK AND RELEASE

I hereby represent, certify and warrant that I have received written permission from a certified medical practitioner in the State of Hawaii to participate in aquatic and/or land based physical therapy (hereafter referred to as physical therapy).

I also hereby acknowledge the inherent danger and risks involved in my participation in physical therapy or personal training provided by Enchanted Lake Physical Therapy. I warrant that, during the entire time I participate in physical therapy or personal training provided by Enchanted Lake Physical Therapy I will be covered at my own expense for all activities related to or arising out of such participation by a private medical and liability insurance policy.

Understanding the above, I hereby covenant and agree that I assume all risks and responsibilities involved in participating in physical therapy through Enchanted Lake Physical Therapy and waive, release, and forever discharge Enchanted Lake Physical Therapy, their owners, directors, officers, employees, agents, or any person acting on their behalf, from any and all claims, demands, liability, and damages relating to, arising out of, or resulting from my participation in physical therapy provided by Enchanted Lake Physical Therapy.

I also covenant and agree to indemnify, defend and hold harmless Enchanted Lake Physical Therapy, their owners, directors, officers, employees, agents, or any person acting on their behalf, from any and all claims, demands, damages, and liabilities, including but not limited to claims for personal injury, death, and property damage, by whomsoever brought, relating to, arising out of or resulting from my participation in physical therapy provided by Enchanted Lake Physical Therapy, except for any loss, liability, injury, or damage caused solely by Enchanted Lake Physical Therapy, their owners, directors, officers, employees, agents, or any person acting on their behalf. I also covenant and agree to reimburse Enchanted Lake Physical Therapy, their attorneys' fees, costs and expenses in connection with the defense of any such claim or demand.

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## HIPAA CONSENT: Health Insurance Portability and Accountability Act

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice also contains a patient rights section describing your patient rights under the law. You have a right to review this notice before signing the consent. The terms of the notice may change, and if this should occur, you may receive a revised copy by contacting the office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or healthcare operations. You have a right to revoke this consent in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in relation to you on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### The patient understands that:

1. Protected health information may be disclosed or used for treatment, payment, or health care operations.
2. The practice has a Notice of Privacy Practices and the patient has the opportunity to review this notice.
3. The practice reserves the right to change the notice of privacy practices.
4. The patient has the right to request restricted use of their information, but the practice does not have to agree to those restrictions.
5. The patient may revoke this consent in writing at any time and all future disclosures will then cease.

### The patient also understands that Enchanted Lake Physical Therapy and have adopted the following policies:

1. Patient information will be kept confidential except as necessary to provide services or to ensure that all administrative matters relating to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers and health insurance payers as is necessary and appropriate for your care. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, and other documents or information.
  2. We sometimes remind patients of their appointments as a courtesy. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you.
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I have read and consent to the assumption of risk and release and the HIPAA practices adopted by Enchanted Lake Physical Therapy. I understand that non-identifying patient data may be used in research and/or publication and consent to such use.

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Patient / Parent / Guardian Signature

Relationship to Patient

Date

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