



**OPEN GYM DISCLOSURE**

**AURORA OFFICE**

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I, \_\_\_\_\_ (PRINTED NAME), understand that physical therapy occurs in an open gym setting where exercises, biomechanical training, and manual therapy occur. I accept receiving therapy services under these conditions and acknowledge my right to decline any procedure performed at any time or request a more private setting to participate in my rehabilitation program.

**PHYSICAL THERAPY RECORDS**

- A. I understand that all physical therapy records are generated and maintained electronically. I understand that anything received via paper pertaining to my physical therapy treatments (i.e. scripts for PT or outside medical records) will be scanned in and placed into my electronic chart. I understand that my records are "backed up" in two off-site locations. I understand that all records will be maintained for at least 7 years after my date of discharge.
- B. I understand that I can have full access to my physical therapy records by visiting the Synergy Health Partners website at [www.SynergyHPC.com](http://www.SynergyHPC.com), clicking on the "RRS Login" button, and then clicking on the "Request Access" tab. I understand that I must then fill out all of the required fields on this screen in order to be granted access to my records. Furthermore, by signing below, I agree to comply with all of the security measures and terms of use associated with the Records Retrieval System (RRS).
- C. I understand that there will be no change in my ability to access my physical therapy records should the primary Physical Therapist die, retire, or otherwise cease to practice Physical Therapy in this office. I understand that I will continue to have access to my records through the RRS (as described above) in the unforeseen event that the primary Physical Therapist no longer work in this facility.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(IF PATIENT IS A MINOR)