

SEXUAL MISCONDUCT FORM

Physical therapy services commonly involve the therapist having to touch the patient for a variety of reasons. Those reasons include, but are not limited to: manual therapy (soft-tissue mobilization, joint mobilization, manual stretching), correction of form during exercise, guarding a patient during balance exercise, preventing a patient from falling and assisting a patient onto/off of a treatment table. Many orthopedic conditions require touching of areas considered private by most individuals. These areas include the buttocks, inner thigh(s), upper/lower abdomen and chest/pectoral region. All other regions of the body may be necessary to touch in order to accomplish desired treatment results but are not commonly considered to be “private”.

Dr. Frank Allen is a state licensed physical therapist that takes pride in the fact that he practices with the utmost standards of professionalism. He is highly skilled in manual therapy interventions as well as ensuring the safety of his patients during all aspects of treatment. He will perform all manual treatments necessary to maximize the recovery of his patients and will perform all actions necessary to ensure the safety of his patients. It is his responsibility to verbally educate each patient about the reasons he may need to touch them and receive verbal consent from that patient prior to doing so. He has never and will never practice in a way that makes a patient feel as if he is crossing boundaries of proper conduct.

This form serves as a written and legally binding agreement between the patient (or the patient’s legal guardian) and Your Place Physical Therapy that no lawsuits or legal action will be taken against Dr. Frank Allen or Your Place Physical Therapy based on grounds of sexual misconduct. As long as Dr. Frank Allen preemptively educates the patient prior to any manual treatment that may be considered privately invasive, by signing this form, the patient (or the patient’s legal guardian) is agreeing to refrain from any legal action on grounds of sexual misconduct. Also, if any measures are taken by Dr. Frank Allen in order to prevent a fall or injury to a patient, by signing this form, the patient (or the patient’s legal guardian) is agreeing to refrain from any legal action on grounds of sexual misconduct.

Based on the details expressed within this written agreement, I,

_____, hereby agree not to take legal action against Dr. Frank Allen or Your Place Physical Therapy based on grounds sexual misconduct for any physical therapy services deemed necessary by Dr. Frank Allen.

Signature of Patient or Legal Guardian

Date