



ATTENDANCE/HIPAA
Claim Number: _____

Appointments: Participating in physical therapy includes doing your home exercises and regular attendance of your appointments. Your doctor or therapist will determine the frequency and duration of your treatment and our office will work with you to set up appointments that will best accommodate your schedule. Appointments generally consist of 30-40 minutes with a therapist and 15-20 additional minutes of modalities as needed. Please plan to arrive prior to your appointment time. If you are running late, please call and tell us what time we can expect you. Arriving more than 20 minutes late may cause a reduction in your treatment time or cancellation of your appointment.

Attendance: Your success is determined by your dedication to home exercises and regular attendance. Please call at your earliest convenience if you have to change your appointment. Oftentimes we can find another appointment time for you that day and fill your appointment slot with another patient. Neglecting to call and cancel prior to your appointment will be considered a "no-show". If calling after hours, please call back during business hours to speak with a staff member. After two "no-show" occurrences you will be discharged from physical therapy. We will follow up with a discharge letter to your provider indicating their patient is being discharged due to non-compliance.

Initial _____ (All patients initial here)

Workers' Comp and Labor and Industries: Your claims manager and vocational counselor request to be notified when one of their clients does not make an appointment. Our policy is to notify your provider, vocational counselor and claim manager for any cancelled/missed appointments.

Initial _____ (Workers' comp/L&I patients initial here)

Cancellation Policy: There is a cancellation fee of \$25.00, **BILLED TO THE PATIENT**, for each instance a patient does not show for a scheduled appointment or does not give at least 24-hours notice.

Initial _____ (All patients initial here)

Initialing below indicates that the office **HIPAA policy and procedures** have been read or explained and a copy of the policy was offered to the patient (or read online).

Initial _____ (All patients initial here)

Patient Signature _____ Date _____

Staff Signature _____ Date _____