

ReQuest Physical Therapy

PATIENT ATTENDANCE POLICY

In order to assure that all patients receive the time and attention they deserve, the following guidelines have been established:

1. If you are late for a scheduled appointment, without notification, you may not be able to be seen that day.
2. **If you need to cancel an appointment, please notify us 24 hours in advance.** If your call is not during our normal business hours, please leave a message on our voice mail.
3. If you cancel [less than 24 hours] or no-show for 3 scheduled appointments, you will be asked to provide a credit card number in order to schedule another appointment. Should you again not follow our 24 hour cancellation policy or not show up, your credit card will be charged a \$75 fee. Your credit card will not be charged if you attend your appointment.

"I have read and understand this policy"

Patient / Guardian Signature _____ Date _____

CONSENT TO DISCLOSE PATIENT INFORMATION / HIPAA

"I understand this center's Notice of Privacy Practices and give permission for my protected health information to be disclosed for purposes of communicating results, findings, care decisions and appointments to the family members or friends listed below:"

Name _____

Name _____

Name _____

Name _____

Patient Name (please print) _____

Patient / Guardian Signature _____ Date _____