



## **Therapy Attendance Policy**

**In order for us to ensure the best possible results from therapy, you must actively participate in the program developed for you by attending all scheduled sessions.**

### ***Appointment Cancellation***

**We realize there may be circumstances that require you to change your scheduled appointment. When these situations occur, please notify the therapy office 24 hours prior to your scheduled appointment change so we may accommodate others waiting for therapy.**

### ***Appointment No Show***

**Our therapists have set aside a specific time to provide your therapy. When you do not call to cancel or do not show for your appointment, this is time the therapist could be providing therapy to someone else. We understand emergencies do arise requiring schedule changes, however, we expect a call.**

**Repeated *Cancellations* or *No Shows* will be reported to your referring physician and may result in the discontinuance of therapy.**

**Again, your participation is important in order for you to receive maximum benefit from therapy. Please keep this in mind as we schedule convenient appointment times for you. If you know of a potential scheduling problem, please inform your therapist as soon as possible.**

### ***Acknowledgment***

**I have read the attendance policy and acknowledge my understanding of active participation in scheduled therapy sessions.**

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**Patient Signature**

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**Date**