

## To Our Patients Regarding Cancellations and No-Shows

Your Commitment to your health should be taken seriously because it can make the difference between your success or failure in treatment. Our policies regarding cancellations and no-show appointments are listed below.

- **24 Hour Advance Notice Fee**

If you wish to change or cancel an appointment we ask a minimum **24 hour** advance notice. Anything less will result in a **\$20 fee** charged to your account, which you will be responsible for. We are unable to bill this amount to your insurance company. . Advance notice allows someone else time to reserve that hour in your place.

- **Late Policy “10 minutes”**

Being late by more than **10 minutes** may require you to either reschedule or wait for the next available opening. There are no guarantees since openings, due to cancellations, are unpredictable. Please be aware that if you come **early** for your appointment you may have to wait.

- **Cell phones MUST be shut OFF or put on silent**

We realize emergencies may arise; however, we ask that you please be courteous to people around you and set your cell phone to silent mode or turn it off. To properly perform your exercises, and for office to be **HIPAA Compliant**, we ask that you refrain from cell phone use during therapy.

- **Reading Materials will NOT be allowed in the treatment area**

Using any reading material can interfere with your proper treatment plan; we ask that you not have any magazines, kindles, newspapers, etc. in the treatment area.

- **Children requiring supervision are NOT allowed to attend sessions with you**

If your child does not require supervision and is capable of waiting quietly in the waiting area, then you may bring them. If any disturbance is caused to other patients or staff members, you will be asked to terminate your session early to attend to your child.

- **Only Patients are allowed in gym/treatment area**

Due to **HIPAA Privacy Act**, we ask that **only the patient** remain in the treatment area during therapy. Should someone need to speak to you our receptionist will notify you.

- **No Shows**

If you have three or more “No Shows” you will be discharged from therapy. We want you to get the maximum results from your therapy and this means attending on a regular basis.

I understand and agree to abide by the above policies

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