ATTENDANCE POLICIES

Your appointment time is ____________________ on ____________________.
The initial 15 minutes will be used to collect and organize important medical information necessary for your therapist to treat you effectively. This information must be completed in 15 minutes in order to see your therapist on time.

We respect your time and the effort it takes to schedule an appointment in your busy life. Our expectation is that our clinic runs on time. In order to do this, we request your promptness for your appointments so that all patients may receive the attention they deserve.

In order to assure that all patients receive the time and attention they deserve the following policies are observed regarding attendance.

Late for scheduled appointment
If you are more than 15 minutes late you may not be able to be seen that day.

Failure to attend three consecutive scheduled appointments
You will be discharged from Rehab and will need to receive a new prescription for physical therapy before more appointments can be scheduled.

Failure to schedule/attend Physical Therapy for a period of one month
(Unless under specific direction of the Therapist)
You will be discharged from Rehab and will need to receive a new prescription for physical therapy before more appointments can be scheduled.

ACKNOWLEDGMENT AND CONSENT FOR ORAL DISCLOSURE OF PROTECTED HEALTH INFORMATION

This Notice applies to treatment you may receive at the Orthopaedic Sports Medicine Institute (OSMI)
We understand your medical information is personal and we are committed to protecting your medical information. Our providers often discuss you rehabilitation care with you while you receive therapy services at OSMI. At times, even though reasonable precautions are instituted, other patients and/or health care providers may overhear our discussions.
By initialing below, I acknowledge that I will be treated in a joint treatment setting. I understand that if at any time I wish to discontinue treatment in this setting or become uncomfortable with this communication, I will immediately inform my health care provider.

Patient Initials: ___