

GRIFFIN HOSPITAL REHABILITATION SERVICES

Welcome to the Rehabilitation Services Department. We appreciate the opportunity to work with you to improve your health. To make get the most from your therapy treatment, there are several things you need to know.

YOUR COMMITMENT

Your commitment to your therapy program is very important. Your progress depends on keeping all your scheduled appointments and carrying out a home exercise program.

OUR ATTENDANCE POLICY

- We reserve time to work with you individually so we ask that you make every effort to keep your scheduled appointments. If you need to re-schedule or cancel, please call as far in advance as possible so we can make our therapists' time available to other patients.
- If you need to **CANCEL OR CHANGE** an appointment, you must give **24 hours notice (Monday-Friday business hours)**. If you cancel or change an appointment without 24 hours notice, a **\$25 CANCELLATION FEE** will be charged.
- If you are **LATE**, your treatment may be shortened, re-assigned to another therapist or cancelled.
- Your therapist may discontinue your treatment and notify your physician if:
 - You do not give 24 hours notice to cancel or do not show up for two (2) appointments
 - You cancel or re-schedule three (3) appointments

PLEASE REMEMBER TO KEEP YOUR THERAPIST INFORMED OF

- Any changes in your medical condition, medication and symptoms
- Your scheduled doctors visits so we may keep your physician involved and updated regarding your therapy program
- Any changes to your insurance coverage. Failure to keep us informed on insurance changes may result in the patient being responsible for payment of the charges for treatment

ALL CO-PAYMENTS

- Are due at the time of service as required by your insurance company.

We look forward to working with you. Please do not hesitate to discuss any concerns with a member of our team. Please sign below to indicate that these policies have been reviewed with you and a copy of our HIPAA policies has been provided to you.

Patient's Signature

Date

Staff Signature

Date