



## THERAPY ATTENDANCE POLICY

Your promptness and attendance are crucial for the success of your therapy plan.

- ◆ Please arrive on time to your appointment. If you are more than 15 minutes late, your session may be canceled. This may be considered a missed appointment.
- ◆ If you need to cancel an appointment, call prior to the appointment at **(419) 660-2700**.
- ◆ Anyone attending the appointment must be free of any contagious illness (cold/flu, measles, pinkeye, etc.)
- ◆ You may be discharged from therapy if you violate the attendance policy or if any of the following occur:
  - You no-show to 2 appointments
  - You have not had a treatment for more than 30 days
  - Your cancel rate is greater than 50% of your scheduled appointments in one month

**I have reviewed the above information and understand my responsibilities as a partner in the therapy program.**

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Patient/Parent/Legal Guardian	Relationship	Date
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## OUTPATIENT THERAPY HIPAA AUTHORIZATION/CONSENT FIN#: \_\_\_\_\_

If Fisher-Titus Medical Center tries to contact me and I cannot be reached, I give consent for Fisher-Titus Medical Center to leave a message on my voicemail or with any individual listed below. Other individuals may take me to therapy and/or there are other individuals integral to my care. I give permission for the following individuals to receive information about the following: my appointment day/times, therapy goals, therapy progress, my medical information (for pediatric therapy, caregiver please sign/give consents):

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(name)	(relationship)	(phone number)
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(name)	(relationship)	(phone number)
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(name)	(relationship)	(phone number)
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(name)	(relationship)	(phone number)
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