



UNIFIED THERAPY SERVICES ADULT PATIENT ATTENDANCE POLICY

Patient Name: \_\_\_\_\_

I understand that it is my responsibility to attend all scheduled therapy appointments or to *call and cancel at least 2 hours in advance*. I further understand that messages may be left on the answering machine after hours and the staff of Unified Therapy Health Services (UTHS) will receive these messages the next business day.

- I understand that if I don't attend the scheduled appointments and do not notify UTHS prior to appointment start time, this will be considered a No Call/No Show (NC/NS) visit.
- I understand that I may be discharged from all therapy services if I have a combination of 3 NC/NS visits and/or cancellations in a row or a combination of 5 NC/NS and cancellations in a month.
- I understand that I may be discharged from aqua therapy if I have a combination of 2 NC/NS or cancellations.
- I understand that after 2 attempts by UTHS staff to schedule I may be discharged from all therapy services.
- I understand there may be extended excused absences related to hospitalizations, surgery, injuries, illness, and extended vacations.
- I understand my employer will receive attendance reports if payment for therapy is via worker's compensation.
- I understand that if tardiness is in excess of five minutes, the staff will discuss the importance of timeliness and offer accommodation/schedule change.
- I understand I may be discharged if tardiness continues after addressed.
- I understand that transportation information is available.
- I understand any exclusion will be at the discretion of Unified Therapy Health Services.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date