

Therapy Attendance Agreement

Welcome to Outpatient Physical Therapy at University of Maryland Charles Regional Rehabilitation. Our goal is to provide you with the best therapy services to reach your maximum potential and to improve your quality of life. We would like to inform you of our therapy attendance policy to ensure that you are getting the treatment that you need and other patients are not missing out on possible therapy times that they could have received.

Please read through and initial on the line that you have read and understand each statement:

____ CALL TO CANCEL OR RESCHEDULE. If you miss one therapy appointment without calling or cancelling at least 24 hours prior, you will be charged a \$25 no show fee.

____ ATTEND ALL YOUR APPOINTMENTS. If you miss three (3) consecutive therapy sessions and do not call, you will be discharged from therapy at the discretion of the therapist.

____ BE ON TIME. If you are more than 10 minutes late to a 30 minute appointment, it is up to the treating therapist if you will be seen that day.

____ If you have multiple cancellations, instances of tardiness, or missed appointments, it is up to the discretion of the primary therapist to discharge you from therapy.

All scheduling is on a first come, first served basis. We understand that both your schedule and our schedule can change and we will do our best to accommodate any changes that arise. Please inform us if you would like a copy of this form or if you have any questions about our appointment policy stated above.

Please provide the best phone number in the event we need to contact you.

Please sign that you understand and agree to the above policy:

_____ (Patient/Guardian) _____ (Date & Time)

_____ (UM CRR Staff member) _____ (Date & Time)