



Attendance Policy

Therapy Direct (Hussey & Lawson Therapies Inc.,) strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved slots for each patient with a specific therapist in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance is very important for a full recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, cancellations, especially last minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of the other patients. Additionally, no-shows display a complete lack of respect for your therapist and fellow patients. We must ask for your full cooperation with the following policy.

- If you are more than 10 minutes late this can result in your therapist reducing your treatment time accordingly.
- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE. Failure to do so will result in a \$35.00 CANCELLATION FEE.**
- **2 consecutive no-shows will result in the cancellation of all remaining scheduled appointments and you will be responsible for a \$50.00 NO SHOW FEE.**
- You the patient are responsible for the **\$35.00 CANCELLATION FEE & \$50.00 NO SHOW** fee NOT your insurance company or any third party payor.
- All cancellations and no shows will be documented in your medical record and appropriately reported to your physician and insurance/third party payor.

We believe that this policy is necessary for the benefit of all our patients, so that we may continue to provide high quality treatment and service to everyone. All of the staff at Therapy Direct (Hussey & Lawson Therapies Inc.,) appreciates your anticipated adherence and cooperation with this policy. We wish you the best of luck with your treatment. We are here to help you attain all of your goals and optimize your return to all of your pre-injury activities.

HIPAA POLICY

Due to HIPAA (Health Insurance Portability and Accountability Act) regulations patients will be the only individuals allowed in the treatment area unless the treating therapist says otherwise.

Please understand this is for the privacy of yourself and other patients.

This is to also help patients stay focused during their therapy sessions.

Patient Acknowledgment/ Signature

_____/_____/_____
Date