

Attendance & Confidentiality

When the authorized treatment sessions have been completed, further authorizations must be obtained before proceeding with additional rehabilitation treatment if indicated.

Attendance Policy

To achieve maximum benefit from your rehabilitation program, you must take an active part in it. It is important to:

- Attend you appointments as scheduled, just as you would take a prescription medication as prescribed.
- Provide, to the fullest extent possible, information needed by your therapist to provide you appropriate care.
- Cooperate with our treatment staff. If you have questions, concerns, complaints, or disagree with your treatment plan, it is your responsibility to discuss this, in a constructive manner, with your therapist.
- Carry through with your home treatment program, since doing so could be the most important part of your rehabilitation program.

We will do our best to see you at the time of your scheduled appointment. If we are running late and have not seen you within 15 minutes of your appointment time, please speak with one of our secretaries. They will notify your therapist.

Please note that if you cancel two or more appointments, your treatment may be discontinued at your therapist discretion.

If two appointments are missed without notification from you, you will be

discharged from your rehabilitation program, and your physician will be notified of your discharge status. We understand that there are circumstances in which you may have to cancel your rehabilitation appointment, such as illness, lack of transportation, etc. In such cases, please contact our department at (740) 393-9670 as soon as possible.

Confidentiality Policy

Due to our policy regarding confidentiality and for patient safety, we do not release information regarding your presence in the rehabilitation department or your current condition. Therefore, we will not disclose this information without proper authorization.

We strongly discourage personal phone calls made to the department, although we understand that in case of an emergency, calls may be unavoidable.

In the event that people do inquire about your presence in therapy, please indicate below to whom you would allow this information to be given:

I do not want anyone to be given information regarding my presence in the department or my current condition.

The following people may know information regarding my presence in the rehabilitation department.

I have read the above Attendance and Confidentiality Policies and agree to abide by them.

Patient's Signature _____ Date _____

Witness Signature _____ Date _____