



CANCELLATION & PRIVACY POLICIES

CANCELLATION POLICY

Your appointment time is important to you, your physical therapist and to others who are in need of our services. The following policy is in place to ensure everyone receives timely uninterrupted care.

- For cancellations please call us at least **24 hours** prior to your appointment time.
- There is a **\$30.00 fee** charged if you do not attend your appointment and do not call to cancel at least 24 hours prior to your appointment time.
 - Future appointments will not be made until this fee is paid.
 - This fee is your personal responsibility and will not be billed to or paid by your insurance company
- If you are **more than 10 minutes late** for your appointment and there is not sufficient time left to complete your treatment, you may be asked to reschedule.

By signing below you acknowledge that you have read and understood this cancellation policy and agree to comply with it as written.

COMMUNICATION RELEASE

1. I hereby give permission to the Intown PT office staff to notify me for: (Check all that apply)

- Appointment changes by either personal message, recorded message or e-mail
- Appointment reminders by e-mail.

2. The individual(s) listed below is/are authorized to receive the above information on my behalf:

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY POLICY

By signing below I confirm that I have received and reviewed a copy of the Notice of Privacy Practices from Intown Physical Therapy and understand the information as outlined.

By signing below I agree to the above statements and verify that the above information is accurate to the best of my knowledge.

Signed: _____ Date: _____

Relationship to Patient: _____

Witnessed by: _____