

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT**

Please see the copy of our Notice of Privacy Practice, available in the lobby, or a copy can be provided on request.

Signature: _____

Date: _____

**APPOINTMENT
CANCELLATION
POLICY**

It is the intention of Twin Rivers Physical Therapy to provide quality care to all patients. One aspect of this care is the prompt scheduling and attendance of clinic/pool visits so that other patients will not have to wait.

As an active participant in your treatment, you are responsible for the following:

1. Prompt and consistent attendance at your treatment sessions.

2. If you need to cancel an appointment please call (509)758-8510 as soon as possible.
(Leave a message with the receptionist or on answering machine).

WE RECOGNIZE EXTENUATING CIRCUMSTANCES SOMETIMES OCCUR. HOWEVER, 3 MISSED APPOINTMENTS WITHOUT REASONABLE PRIOR NOTIFICATION WILL RESULT IN REMOVAL FROM THE TREATMENT SCHEDULE.

I have read this policy and I understand.

SIGNATURE

DATE