

We take your privacy very seriously!

As part of our commitment to your privacy, we have adopted a set of privacy practices. Please read these. If you would like a copy, please ask at the front desk.

By signing below, the patient, or patient’s agent or legally authorized representative, acknowledges that they have read and/or received a copy of Simons Physical Therapy, P.C. **NOTICE OF PRIVACY PRACTICES.**

Patient’s Signature

Signature of Agent or Legally Authorized Representative

Date

Appointment cancellation and missed appointment policy:

Simons Physical Therapy, P.C. requests a minimum of 24-hours notice for cancellations and allows a maximum of 2 missed, or late cancelled, appointments. We have a missed appointment fee of \$50 to cover our costs of reserving time for your treatment, which will be applied if you miss an appointment without providing us with 24-hours notice. Additionally, if you miss scheduled appointments 2 times, we will be discharging your case due to non-compliance.

We understand that sometimes circumstances cause individuals to have to miss appointments with short notice. We will work to be respectful of emergency and special situations, but we also have to balance this with the needs of our clinic and especially the needs of other patients waiting to be seen. Given that we reserve a full hour for your individual 1:1 appointment, we have an even greater need to maintain our scheduling policies. If you need to review your appointment schedule, please call us at 520-514-1114. If for any reason you are unable to continue with your therapy, please notify us as soon as possible so that we can make your reserved times available to others.

By signing below, you accept this policy.

Patient’s Signature

Signature of Agent or Legally Authorized Representative

You consent to receiving physical therapy services from Simons Physical Therapy and recognize that treatment options include "hands on," biofeedback, physical agents, self-guided, and intensive approaches which may come with risks. You have to autonomy to deny any services.

Patient’s Signature

Signature of Agent or Legally Authorized Representative