



520-829-7390

No Show / Late Cancellation Policy

In order to provide the best care and service to our patients, Strive Physical Therapy requires that you give at least **8** hours notice if you will not be able to attend your appointment. This will allow staff members the opportunity to offer that time to another patient. Strive Physical Therapy is a private practice office, meaning that every time an appointment is not kept, it is a financial loss for the practice. IF you arrive **15** minutes or later to your appointment, we reserve the right to cancel your appointment and charge you the “No show” rate below, as this late of an arrival prevents us from collecting a reasonable payment from your insurance company. Our office generates appointment reminders via text or email the day prior to the patient's appointment. You will also be given a printed schedule of appointments with time and date. This is a *courtesy only* and patients are ultimately responsible for keeping track of attending scheduled appointments. If a Monday morning appointment needs to be cancelled, a call must be received on the answering service on Sunday. With sufficient notice, we can usually offer your appointment time to another patient.

We value our patient's relationships and will do everything we can to accommodate you. Your communication and compliance are not only very much appreciated, but also will help us to help you (and others) achieve a positive outcome.

I have read this no show/late cancellation policy and agree to pay the fee in the amount of **\$50**, if I should fail to attend my scheduled appointment or fail to notify Strive Physical Therapy staff members **8** hours in advance that I will not be able to attend my scheduled appointment.

Important note: Late cancellation or no show payments must be paid in full prior to being seen at a future appointment.

We understand that repeated no shows and /or late cancellations may indicate that someone may not yet be ready to commit to treatment at this time. Any patient that fails to give 8 hours notice for **three** scheduled appointments, totaling **three** no call/ no show and or late cancellations, may be terminated as a patient from this practice.

By signing below, I hereby understand and agree to comply with the above no show/late cancellation policy.

Patient signature

Date

06/07/2021



HIPAA CONSENT

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information.

Routine disclosure of patient medical information to other healthcare providers for shared treatment, payment or healthcare operations is allowed without a written authorization, under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). See 45 CFR 164.506(c)(4).

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not share your information other than described here unless you tell us we can in writing.

For more information see:

<https://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf>

Change to the terms of this notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, or in our office.

I have been provided access to, and offered a copy of the notice of privacy practices followed under government guidelines by Strive Physical Therapy, LLC.

Patient Signature

Date

Printed Name

Beth Alldredge Davison, Office Administrator, 3116 N Swan Rd Tucson, AZ 85712-1227

Betha@strive-pt.com

Phone: (520) 829-7390

Fax: (520) 829-7393

06/07/2021