

Dear Participant:

Welcome to St. Joseph's/Candler Outpatient Center. We are a center that is specialized in Occupational, Physical and Speech rehabilitation services. Our staff is trained to treat, advise and assist you during your rehabilitation. We are committed to quality care and will do our best to give you the individualized treatment you deserve. In order to achieve your goal, we expect you to take an active role in your rehabilitation. Please take a minute to go over the following rules and regulations.

1. Dress appropriately for your treatment sessions. We advise you to wear loose and comfortable clothes such as a T-shirt, shoes, sweat pants and tennis shoes. (**Physical Therapy Patients Only**)
2. We expect active participation from you, the patient. We believe that patients who are actively involved in their own rehabilitation program will ultimately return to improved health sooner. This means that it is very important to follow the home exercise program or other instructions issued to you by your therapist.
3. If you are unable to come to your scheduled appointment, it is very important that you cancel at least 24 hours in advance.
4. Patients who have three "no shows" or cancellations may be discharged per your therapist's discretion from rehabilitation with prior notification and approval of your referring physician.
5. Patients who show up for their next scheduled appointment after a "no show" may be unable to be treated at prescheduled appointment time. You may be rescheduled as a "walk-in" and shall be placed in a time slot as made available by your therapist.
6. Patients need to make their appointment on a weekly basis. The clinic does not have standing appointments.
7. If you are more than 15 minutes late we reserve the right to reschedule or work you in at our convenience.
8. Patients receiving therapy services must refrain from using cell phones. It is disruptive and causes unnecessary distractions to others. Therapists will not provide therapy while a patient is using a cell phone.
9. You agree that occasionally our office may send you greeting cards, such as, thank you cards, birthday cards, or holiday cards.
10. **We encourage all new patients to contact their insurance company to be sure that Occupational/Physical/Speech Therapy is covered under their insurance plan and whether or not you need a pre-cert. /referral number. Also, check to be sure you understand your "out of pocket" expense for therapy.**

X Initial Here

If you have any questions regarding your rehabilitation program, please do not hesitate to consult with your therapist. We are here to serve you.

Thank you very much for your cooperation.

Patient signature: _____ Date: _____

*****Signature indicates acknowledgement that you have read and understand the information noted above.*****

Therapy Instructions