



**PATIENT RESPONSIBILITIES**

In order to provide you with efficient and effective service, we request your assistance by responding to the following actions:

1. The patient is responsible for providing a medical order for their therapy services for their first visit (unless direct access). Patients without a written order from their doctor may not be seen for services. The doctor’s orders may be brought to the Department by the patient or may be sent by FAX by the doctor’s office to (855) 470-6848.
2. If a patient has a co-payment, they are responsible for paying it at each session. This is regulated and monitored by each patient’s insurance. If a patient fails to pay their co-payment they may be responsible for the financial charges of each visit.
3. **NO SHOW APPOINTMENTS:** Patients are responsible for keeping appointments in a timely fashion. If a patient is 15 minutes late for an appointment, it is possible that they may not be seen unless the therapist has an available schedule opening or is able to provide a shortened treatment that can still support treatment goals.
4. Cancellation of appointment must be made 24 hours before the appointment with the exception of family or medical emergency. Cancellations made after this time will be considered a **NO SHOW** appointment. If a patient accumulates three **NO SHOW** appointments, they may be discharged from services. A new doctor’s order will be required to return to resume services and a new evaluation will be required.
5. Following the initial evaluation, the patient is responsible for setting up appointments at the frequency recommended by their therapist. Appointments may be made by calling central scheduling at 202-295-0546. It is highly recommended that patients make appointments as soon as possible since the therapists’ schedules tend to fill up quickly.
6. Patients are responsible for advising their therapist if there is any change in their medical status such as a change in their weight bearing status, acute illness, new diagnosis etc. If the change in medical status may affect their treatment, the patient must get new orders from their doctor to continue their therapy.
7. If applicable, it is suggested that patients either wear or bring clothing that is easy to move in such as shorts, loose fitting pants and sneakers. Dressing rooms and lockers are available. Please bring your own lock for security purposes if you wish. The Department is not responsible for personal belongings.
8. Since this is a rehab setting, many times you will be exercising in a gym setting where other people are present. If you feel you would like more privacy, please inform your therapist and we will try our best to accommodate.
9. I have received, read, and understand the “Frequently Asked Questions” form.

**I have read and understand my responsibilities printed above and agree to abide by them.**

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
Date

*Knowledge and Compassion*

**Focused on You**