



Phone: (540) 490-0308

Fax: (540) 451-7064

CANCELLATION/ATTENDANCE POLICY

You are required to attend all scheduled appointments. If you need to cancel, please do so 24 hours prior to your appointment. "No Show" appointments (no notice given to our office) and cancellations less than a 24-hour notice will be charged a \$70 fee. If you CANCEL or NO-SHOW 3 times during your current episode of treatment you will be removed from our schedule.

Initial: _____

HIPPA CONSENT

By signing this form, you consent to our use and disclosure of protected health information about your treatment, payment and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. Additionally, by signing this form you acknowledge that by presenting yourself as a patient or your child as a patient, you consent for medical care by South River Rehabilitation and Performance, LLC. You hereby grant full authority to South River Rehabilitation and Performance, LLC to administer and perform any treatments to or upon you/your child as advised, or necessary. Our HIPPA policy is available upon request. The term "child" as used herein includes a minor over which I have legal custody or whom I am the guardian.

All health information may be shared with _____ Relationship _____

RESPONSIBLE PARTY SIGNATURE _____ RELATIONSHIP _____

TEXT REMINDERS

Patients in our practice may be contacted via email text messaging to remind you of an appointment

I consent to receive text messages from South River at my cell phone and I understand that this request to receive text messages will apply to all future appointment reminders unless I request a change in writing. I authorize to receive text messages for appointment reminders to the following Cell Phone number _____. I understand that my cellphone carrier may have a charge for these text messages.

Signature