



Session Attendance & Scheduling Policy

Cancellations and No Shows: Please let us know immediately if you become aware that you will not be able to attend a scheduled visit. We require a **minimum notice of 24 hours** for all cancellations. An appointment will be considered a **no show** if you do not attend your appointment and you have not given ExercisAbilities notice.

Patterns and Discontinuing Therapy: After two late cancellations, we will discuss with you the plan of action for insuring your arrival at your sessions. After three late cancellations or two no shows, we reserve the right to discontinue your rehabilitation plan or exercise sessions. We believe that to maximize session your therapy effectiveness, all sessions must be attended.

Appointment Reminders: We will either send you or a caregiver a text message or an email the day before your appointment to remind you of your upcoming appointment. *Please let the office staff know which of these reminder methods you prefer.*

Late Arrival: Your session is expected to begin at the time of your appointment. Our staff makes every effort to maintain a timely schedule. Please allow a 10-15 minute early arrival cushion to insure you are ready for your session. Your session will end at the scheduled time. If the staff at ExercisAbilities is running late, we will make every effort to extend your session to a full session.

Your Scheduling Responsibility: By signing below you are accepting responsibility as the client to insure you are scheduling follow up appointments and are aware of your schedule. While our staff at ExercisAbilities will make every effort to make sure you are being scheduled, it is ultimately your responsibility to make your schedule at the front desk and follow it. It is not always possible for ExercisAbilities to accommodate a set schedule, specific staff, or therapy times if you do not make your schedule in advance. Also, you acknowledge that staff may be unavailable at times and therefore the use of other skilled staff may be required to follow your plan of care closely for the best possible outcomes.

I acknowledge my full understanding of this policy by this signature:

Client Signature

Date

Client Printed Name

Guardian or POA signature (if required)