

## *Attendance Policy*

Thank you for choosing CarePartners for your therapy needs. We are committed to providing you with exceptional care. You and your therapist will work together to develop a plan that works best for you.

- **We require a 24 hour notice of cancellation if you are unable to attend your appointment.**
- **There is a \$45.00 fee for each appointment missed without notification.** *Please note your insurance will not pay for these charges.*
- **After 2 no shows (without any notification) you may be discharged from therapy.** In the event you are discharged from therapy we will notify your physician of the reason for discharge.
- We understand emergencies happen. Please communicate any issues with us as soon as possible. Note if you cancel **more than 2 appointments without a 24 hour notice**, the **\$45 fee** may be charged and all future appointments cancelled.

I understand the CarePartners Attendance Policy. I will commit my time to the plan my therapist and I create together.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient's Representative / Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date