



## POLICIES AND AUTHORIZATIONS

### Therapy Services Attendance Policy

Consistent attendance allows you and your therapist(s) to progress your treatment program resulting in quicker recoveries and better outcomes. It is important that you attend all scheduled therapy appointments. If you cannot keep a scheduled appointment, please notify your therapist of cancellation or need to reschedule at least 24 hours prior to the scheduled appointment. If you do not notify your therapist, the therapist will document that you were a "no-show" for your appointment. Three consecutively missed appointments by cancellation or as few as one missed appointment by "no-show" may subject you to consideration for discharge. If you consistently miss scheduled appointments, the therapist will consult with your physician regarding the potential need for discharge from therapy. I have been informed, understand and acknowledge the Attendance Policy.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Leave a Detailed Message

Do we have your permission to leave a detailed message on your answering machine / voicemail with a family member or a legal representative regarding appointments, billing or other matters regarding your treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Other (please specify) \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize Masonic Homes Kentucky to disclose my health information that is directly related to my current treatment to the individual(s) listed below for purposes of their role in my treatment or payment for the health services I have received. Such persons involved in your care may include spouses, children, blood relatives, roommates, domestic partners, neighbors and colleagues.

Name	Relationship

### Acknowledgement of Privacy Practices

I acknowledge that I have received the Notice of Privacy Practices

Print patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient or personal representative signature: \_\_\_\_\_

If personal representative's signature appears above, please describe personal representative's relationship to the patient: