

SPOT Rehabilitation Policies

- Your physician ordered therapy services, you must attend you sessions regularly.
- If you need to cancel, call as soon as you know, don't wait until your appointment time.
- If you cancel 50% of your scheduled sessions in a given month, you will lose your permanent time on the master schedule.
- If you are removed from your permanent time, you will be responsible to call and schedule sessions consistently on a weekly basis.
- If you do not call to cancel your appointment "NO SHOW" two times, you will be discharged from our services.
- If you are consistently late to pick up your child, you will be asked to remain in the lobby for all of your child's therapy sessions.
- Please inform the front office staff of any insurance changes immediately. You are ultimately responsible for payment of any services not covered by insurance OR services provided without insurance coverage.
- I authorize SPOT Rehabilitation, Inc. to summon any and all professional emergency personnel to attend, transport and treat the patient/minor and to issue consent for any treatment or hospital care deemed advisable by and to be rendered under general supervision of any licensed physician, surgeon, dentist, or hospital, or other medical professional or institution duly licensed to practice in the state of Minnesota. I agree to assume financial responsibility for all expenses of such care.

I have read and understand these policies and agree to comply with them.

Patient Name: _____

Date: _____

Signature: _____

SPOT

Rehabilitation & Home Health Care

Acknowledgement of Receipt of Notice of Privacy Practices

I have received/ reviewed a copy of the Notice of Privacy Practices for
SPOT Rehabilitation, Inc.

Name of Patient (Print or Type)

Signature of Patient or Patient Representative

Relationship of Patient Representative to Patient

Date

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices on _____. The acknowledgement was not obtained because:

The patient declined to sign the acknowledgement

Other _____

Name of Patient (Print or Type)

Name of Staff Member

Date

Adopted: 4/2003; Revised: 9/2013