

Schuyler Hospital Rehabilitation Agreement/Notice of Advice

Patient's Name: _____ Date treatment begins: _____

Patient's Address: _____

It's extremely important to us that you achieve the best possible outcome from your therapy program. To achieve success, attention to the following items is required:

Home Exercise Program: It is important to perform exercises regularly as instructed by your therapist to make the greatest amount of progress in the shortest possible time frame. Your therapy sessions are intended as teaching sessions to provide you with the necessary information to speed your recovery and prevent re-injury.

Scheduled Appointments: Cancellations or No-Shows have a negative impact on your progress and lessen the effectiveness of the treatment you are receiving. If you are unable to make your scheduled appointment, please notify us 24 hours in advance. Three no shows or cancellations may result in a referral back to your physician and discharge from therapy.

Timeliness: Patients are scheduled at 30 to 45-minute intervals. If you are late, every attempt will be made to accommodate you, however, we may need to reschedule your appointment to give you the amount of attention you require and deserve. If tardiness is anticipated, please call so we can plan accordingly.

Notice of Advice: New York State passed a law in 2006 allowing self-referral for physical therapy. This means patients may be evaluated and treated without a referral from a physician. The law however does not require insurance companies to cover self-referral for physical therapy. The New York State law allows you to have 30 days of treatment or 10 visits, whichever comes first. Physical Therapists must have three years of experience to provide this service. **It is your responsibility to contact your insurance company to make sure they cover physical therapy without a doctor's referral.**

Your signature below indicates that the expectations outlined above and Notice of Advice are understood. Your diagnosis, evaluation findings, treatment program and expected benefits/goals of your treatment will be discussed with you today. Please address questions about your care to your therapist.

If at any time you have concerns about the care you are receiving please contact Michele Myers, Director of Rehab @ 607-535-8616. Michele's Business Card is available at the registration desk.

Thank you for choosing Schuyler Rehabilitation for your therapy services.

Patient's Signature: _____ Date: _____

Physical Therapist's Signature: _____ Date: _____

Schuyler Hospital Rehabilitation Services, 220 Steuben Street, Montour Falls, NY, 14865