Bayhealth
Medical Center

OUTPATIENT REHABILITATION PATIENT RESPONSIBILITIES

Patient Label

Thank you for choosing the Rehabilitation Center at Bayhealth Medical Center for your therapy. We are pleased to be part of your recovery and look forward to working with you.

In order to provide you with high quality and timely care, we would like to inform you of the following:

- We pride ourselves on being on time. If you are not seen within 10 minutes of your scheduled appointment time, please check with our office staff. If you arrive more than 15 minutes late, your appointment may need to be rescheduled. This assures that your therapist will have adequate time to work with you.

- Should you need to cancel your appointment, please notify us as soon as possible. Voicemail is available 24 hours a day, should you need to leave a message. We appreciate 24 hours notice.

- If you miss an appointment without calling to cancel, your remaining scheduled visits may be cancelled. You will need to contact our office to reschedule your appointments. If you miss two appointments without calling to cancel, you may be discontinued from therapy and your physician will be notified.

- Your prescription for Physical/Occupational/Speech Therapy is valid for 30 days form the date it is written. If your doctor prescribes additional therapy, you will need to obtain another written prescription from the referring physician.

- Children under the age of 12 may not be left unattended in the Outpatient Rehabilitation Center lobby. No children are permitted in the treatment area unless the child is the patient receiving treatment. Please make outside arrangements in advance for childcare.

- Patient caregivers are asked to remain in the lobby during treatment sessions unless their presence is requested by the therapist for additional patient information, etc.

We realize that special circumstances which require specific consideration may arise. Please discuss any questions or concerns with your therapist.

_____ _____/_____/_____
Patient Signature Date

_____ _____/_____/_____
Front Office Staff Signature Date

_____ _____/_____/_____
Therapist Signature Date