



Rehab Services

Physical
Occupational
Speech Therapy

Comprehensive

Orthopedics
Post-Surgical Rehab
Total Spine Care
Return to Work
Inpatient Care
Transitional Care
Aquatic Therapy
Vestibular Rehab
Wound Care
Video Gait Analysis
Orthotic Fabrication
Hand Therapy

Results-Driven

Biomechanical Analysis
Functional Training
Manual Therapy
Evidence-Based
Patient-Centered
Cost-Efficient

Contact Us

817 Commercial Street
Leavenworth, WA 98826
Tel 509-548-3421
Fax 509-548-2511
cascademical.org

CANCELLATION / NO-SHOW POLICY

PURPOSE:

This policy ensures that we can offer timely appointments to patients who need them.

PROCEDURE:

1. Your consistent attendance and participation is imperative to your progress. Therefore, if the recommended plan of care is not followed and/or you are not making progress in your treatment plan, you will be discharged and your physician notified. If this occurs, a new referral for therapy will be necessary to set up a new therapy schedule.
2. Please arrive **5-10 minutes** before your scheduled appointment to ensure that you obtain the treatment you need. If you arrive **15 minutes late** for a scheduled appointment, your appointment will be considered a cancellation and you will need to reschedule.
3. If you need to cancel an appointment, please provide notification 24 hours in advance of your appointment. If you **cancel three appointments without proper notification, you will be removed from our schedule.**
4. If you have **more than one no-show** (fail to attend a scheduled appointment and fail to provide any notification), **you will be removed from our schedule.**

I, _____ hereby acknowledge that I have received a copy of the Cascade Medical Notice of Privacy Practices as well as the Therapy Department Cancellation / No-Show Policy.

Date

Signature of Patient or Patient's Representative

Relationship (parent, legal guardian, personal representative, etc.)