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PATIENT PARTICIPATION AGREEMENT

We at LB Hand Therapy appreciate the opportunity to work with you to address your rehabilitation needs. Our therapists promise to devote their energy and skill to maximizing your recovery process. We share your goal of achieving an optimal outcome, as well as the responsibility of doing what is necessary to obtain that goal.

_____(Patient initials)

Following the initial evaluation, you and your therapist will formulate a treatment plan based on the evaluation findings and the initial prescription from the referring physician. Your therapist is responsible for recommending an appointment schedule (i.e. frequency and length) and it is your responsibility to discuss this proposed schedule and come to an agreement on a schedule that you can adhere to. Your therapist is also responsible for trying treatments and changing the treatment plan if it is not working for you.

_____(Patient initials)

In order to maximize the benefits of therapy, it is important that you keep your therapist informed of the effects of any treatment technique so appropriate modifications may be made. You will assume the responsibility for participating in a home exercise program and for making the necessary behavioral changes that will support your body in the healing process. Lastly, you will be expected to attend all of your scheduled appointments.

It is essential for you to keep your appointments. We pride ourselves on being a facility that runs on time. We are able to do this because we do not overbook our patients. Unfortunately when patients don't give sufficient notice or don't show up for their appointments our therapists are left with no one to treat even though there are patients waiting to get into the schedule. Your assistance is necessary in order for our facility to provide quality services to all those in need.

_____(Patient initials)

Cancellations – No Shows – Fees

- Please understand that missed appointments have an impact on the clinic as well as other patients. Therefore a 24 hour notice for cancellations is requested. Cancellations made after 24 hours are subject to a cancellation fee of \$50.00. This charge must be paid by you – neither your insurance nor Worker's Compensation will cover this charge.
- In order to accommodate other patients, if you do not call or show up for two appointments, you will be discharged from therapy and your doctor and/or nurse case manager will be notified.

Your active participation in the rehabilitation process is a vital component of your recovery. Please assist us by making arrangements to keep all of your scheduled appointments. Thank you.

Patient Signature

Date

OR

Parent or Legal Guardian Signature

Date