24 hour Cancellation & No-show Policy

It is our goal to accommodate all of our patients' needs to you please:	the best of our ability. To achieve this goal we ask that
	ore your appointment <u>so that we can accommodate</u> eless than 24 hours in advance are considered <u>late</u> dvance call are considered <u>no-shows.</u>
2 Appointments: If you cancel late or no-show for appointments on the schedule for you. We will ref	or two appointments, we will be unable to keep future fer you back to your physician for your care.
□ We understand that unexpected circumstances do	occur. Please discuss them with your Therapist as needed.
Your signature below indicates that you have read and understand this policy.	
Patient Signature	
Environmental Policy	
Some patients are sensitive to smell and sounds as they can interfere with treatment.	
☐ Cell Phones: We ask that you refrain from using please turn the ringer to mute.	your cell phone during your therapy appointment and
☐ Fragrances: We ask that you please refrain from provide therapy treatment in common areas.	wearing strong fragrances in the clinic because we
We apologize for any inconvenience this may cause. It is patients as possible in a comfortable environment.	our intent to meet the Therapy needs for as many
Your signature below indicates that you have read and un	derstand this policy.
Patient Signature	
Dignity Health。 St. Mary's Medical Center	Patient Identification:
450 Stanyan Street • San Francisco, CA 94117-1079 • (415) 668-1000	,
24 HOUR CANCELLATION AND NO-SHOW POLICY	
ADMIT	

White: Chart Canary: Patient

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