



Patient Guidelines and Consent

Welcome to Alpine! In order to receive maximum benefit from your rehabilitation program, it is of utmost importance that you attend your therapy appointments consistently and that you follow your home instructions.

Please note that it is your responsibility to schedule your appointments in advance. If you are unable to keep your appointment, please notify us at least 24 hours before your scheduled appointment by calling our office. A fee of \$35.00 will be assessed for a missed appointment in which we were not notified (no show) or for a short-notice cancellation. You are subject to be discharged from our services after three instances of either no show appointments or short-notice cancellations (in any combination).

We will bill your insurance company and will send you a statement accordingly. If you have any questions regarding payment, billing, or fees, you may contact our billing specialist at 406-251-2323, extension 29.

I give this clinic my consent to use or disclose my protected health information in order to carry out my treatment, to obtain payment from insurance companies, and for health care operations like internal quality reviews.

I have been informed that I may review the clinic's Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this form.

I understand that this clinic has the right to change its privacy practices and that I may obtain any revised notices at the clinic.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the clinic is not required to agree to the request.

Your cooperation is appreciated. We look forward to working with you with the goal of optimal results from your rehabilitation program.

Signature _____ Date _____
(Patient, parent, or legal guardian)

If signed by patient representative, state relationship to patient _____