

CNESST Attendance Policy

In order to offer our best services and availability to all our customers who need and want to benefit from our care, we have set up an attendance Policy for all cancelled appointments.

Out of respect for our physiotherapists and other clients, **it is important that you notify the clinic 24 hours before your appointment if you need to cancel your appointment, either by phone (a voicemail is available 24/7) or by email.** This gives us the opportunity to offer this available time to another patient who is waiting for our care.

The clinic sends a courtesy appointment reminder by email, SMS or phone call. If you do not receive this reminder, you should still arrive at the scheduled time for your appointment. This reminder is a tool to help you remember the time of your appointment. If you do not receive it, you are still subject to the attendance Policy.

If you fail to notify the clinic at least 24 hours before your appointment or if you do not attend, a fee of \$47 will automatically be applied and will be payable before your next appointment.

Please initial the following paragraphs.

I agree to always be present at the agreed time for my appointments. If you arrive late to the appointment, only the remaining time of your reserved treatment will be allotted. _____ (*initials*)

I agree to be aware of all confirmations that will be sent to me by email, SMS or voicemail to ensure the accuracy of the information I hold. I recognize that in the case of an error from my part, the information registered in the Physioactif appointment management software, confirmed or not, by email, SMS or voicemail, will be retained. _____ (*initials*)

In case of a no show, without a 24 hour notice, a fee of \$49 * **will automatically be charged** and must be paid, without exception, before the next appointment. **These fees are non-contestable and are not refundable by the CNESST.** _____ (*initials*)

The value of our services is far superior to the reimbursement that CNESST offers us. Workers injured at their work place, in our community, are fortunate to receive specialized physiotherapy services at a reduced rate at Physioactif. Even if having paid the cancellation fees, two (2) absences not motivated by a medical note will make me lose the privilege of being treated at Physioactif. _____ (*initials*)

By signing below, I help Physioactif help as many people as possible who need its services.

Signature

Date

* Please note that these fees may vary depending on the rates displayed