



Treatment Guidelines

We realize that you have many choices in therapy providers. We thank you for giving us the opportunity to assist in your treatment. The following guidelines will help to maximize the benefit of therapy.

Regular attendance is imperative as therapy is most successful when provided with a consistent schedule. Because we cannot extend therapy time, it is important that you arrive on time in order to receive maximum therapeutic benefit. In addition, after two weeks of consecutive cancellations, for any reason besides illness, we reserve the right to fill your treatment slot with another client.

Family involvement in therapy is an important aspect of the treatment program as it greatly facilitates progress towards our treatment goals. For children, a guardian is expected to be present during therapy sessions. We encourage involvement of the family in therapy.

24 hour notice for cancellation of an appointment is required, so that we may use our time more productively. If 24 hour notice is given, we will make every effort to reschedule the missed appointment. If you do not show up for an appointment or cancel with less than 24 hour notice, we reserve the right to bill you for the missed session. After 2 no show or missed appointments we reserve the right to fill your treatment slot with another client.

Fever, vomiting, or diarrhea during the past 24 hours indicates that your child may still be contagious. In order to keep our therapists well, we request that you do not bring an ill child to therapy (this includes siblings). If your child stays home from school due to illness, please keep him/her home from therapy as well. If you do bring your child to therapy while ill, we do reserve the right to refuse therapy.

Because we realize that children often have a sudden onset of symptoms, our 24 hour cancellation policy will be waived if your child is ill. Please call and give us as much notice as possible if you need to cancel due to illness. You will be billed for the session if you do not call in advance.

Outside food and drink are not permitted in the clinic area. It is important to us to maintain a safe environment for all who come to this clinic. Many of our clients have food allergies or are on restricted diets.

By signing below, I acknowledge that I have read the above policy and understand it.

Patient's Signature

Date

Parent or Guardian Signature (*if under 18*)

Date

Print Name