



Patient Name

POLICIES AND GUIDELINES*

The following is a list of general policies and guidelines that will assist in creating a safe, effective treatment environment for all clients and their families. Please let us know if you have any questions.

1. Please have your child wear clothing that may get dirty during therapy.
2. You may observe your child during treatment unless another child is present in the treatment area. Due to HIPAA guidelines, specific protocols must be followed regarding confidentiality.
3. The final 10 minutes of the session may be used for family education, discussion and documentation. Please notify the therapist to end earlier, if you have specific items to discuss, or you may schedule a separate conference time.
4. If you are running late for an appointment, please call our office. If you will be late 30+ minutes, please cancel your session, as the remaining time does not allow a sufficient amount of time to transition the child into and out of the therapy session while completing therapy goals. You may be charged a late notice or cancellation fee.
5. **CANCELLATION POLICY:**
 - a. If you must cancel an appointment, please do so as early as possible to allow ample time for therapist to reschedule the appointment, if time permits as it is in the best interest of your child's progress. It is greatly appreciated for a 3-hour notification to be given in the case of same-day cancellations.
 - b. If cancellation notification is not provided, you may be charged half of the appointment fee for that session.
 - c. Missing 30% or more of your scheduled therapy sessions over a 2-month period may result in a loss of your treatment time slot. It is critical for your child's progress, to attend 70% or more of your treatment sessions.
 - d. Please note that a strict fee schedule is activated during the holidays. Should you confirm an appointment time and "No Show" or provide late notice of cancellation, you will be charged a \$25 fee.
 - e. **ILLNESS:** Please note that our office observes policies consistent with most school districts regarding illness and attendance. Should your child experience a fever, have episodes of vomiting or irregular bowel movements, or exhibit cold-like symptoms (e.g. yellow drainage, red/irritated eyes), please cancel any sessions within at least the following 24 hours, until your child feels better or receives medication. Please use your best judgment regarding your child's attendance, if they are not feeling well, as we want your child to get the most out of the therapy session, while maintaining the health of all others present in the clinic.
6. Families will be notified of clinician vacations, illness, or conferences as far in advance as possible.
7. Please leave contact information if you will leave the clinic during your child's session, in case of emergency.
8. Please pick up your child promptly, 10 minutes before the session ends, so as not to carryover into other patients' therapy times.
9. Please monitor all siblings while waiting. Safety of all family members is important to us, as well as providing a calm and comfortable environment. Please tidy up materials used to maintain cleanliness and safety.
10. Please remember, it is the patient's responsibility to notify our offices of any changes to insurance provider, benefits, or physician as soon as possible. Forgetting to do so could result in an indefinite hold on therapy visits or insurance coverage denials, resulting in Private Pay billing, which are the responsibility of the patient.
11. We welcome any and all suggestions or feedback that might facilitate a more efficient clinical environment.

By providing my signature, I acknowledge that I have read and understand the policies and guidelines above.

Signature of Child's Legal Guardian

Printed Name

Date

*Please notify our office if you would like a copy of these policies and guidelines.