



ADVANCE THERAPY
occupational, physical and speech therapy for children

SERVICE AGREEMENT

NAME OF CLIENT(S): _____

1. **Cancellation Policy:** If the need arises to cancel a scheduled treatment session, we request notification as soon as possible, but no later than 9:00am on the treatment day. We allow one cancel in every six sessions without rescheduling a make-up session. Exceeding this limit will require rescheduling of missed sessions in order to avoid losing preferred session times. If there are frequent cancellations without rescheduling, the therapist may need to make a change in the treatment frequency or current schedule.
2. **Caregiver Attendance:** As a courtesy (and when appropriate), parents/caregivers may occasionally leave the premises during their child's appointment(s). However, they must be available by phone and must return 10 minutes prior to the end of the treatment session. When not in session, children will be supervised by a parent or caregiver at all times.
3. **Illness/Emergencies:** Clients must be without fever or vomiting at least 24 hours before attending appointments. Clients must also be well enough to participate in all aspects of treatment, without constant runny nose and/or coughing. In the event of an emergency, Advance Therapy staff should know how to contact the parent/guardian by phone. We will call 911 if there is an emergency beyond our scope of reasonable first aid.
4. **Toileting:** Staff will assist clients as needed with toileting if parents are not available. Therapists will not change diapers.
5. **Risks of Treatment:** There are inherent risks in participating in therapy. Client/Parent assumes the RISK of treatment and RELEASES Advance Therapy and its staff from all claims of any nature, except those claims which may not be released pursuant to law.
6. **Privacy:** While adhering to all applicable patient health information privacy laws, Advance Therapy occasionally engages in the following:
 - Tours of the facility
 - Recording/photography used exclusively for treatment purposes, which remain confidential
 - Parents/caregivers participation in a client's treatment session
 - Training and supervision of student interns, in which parents/clients have given permission and have the right to refuse at any time.

I, _____ agree to the terms and conditions listed above.

SIGNATURE: _____ DATE: _____