



SERVICE AGREEMENT 2024

NAME OF CLIENT(S): _____

Cancellation Policy: If the need arises to miss a scheduled treatment session, we request notification as soon as possible. **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, we may need to make a change in the treatment frequency or current schedule. No shows may incur a fee.

Also, we work as a team, so thank you for working with substitute therapists when your usual therapist is not available!

****Initial HERE: _____

Caregiver Attendance: As a courtesy (and when appropriate), parents/caregivers may occasionally leave the premises during their child's appointment(s). However, they must always 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.

*****Initial HERE: _____

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. We will call 911 if there is an emergency beyond our scope of reasonable first aid when parent/guardian is not on site.

Toileting: Staff will assist clients as needed with toileting if parents are not available. Therapists will not change diapers.

Risks of Treatment: There are inherent risks in participating in therapy. Client/Parent/Guardian 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.

I,(Parent/Guardian) _____
agree to the terms and conditions listed above.

SIGNATURE: _____ DATE: _____