



SERVICE AGREEMENT

Name of Client: _____ Date: _____

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. If cancellations exceed this limit we 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. By rescheduling missed/cancelled appointments families will avoid a \$50.00 per session missed appointment charge. This charge is not reimbursable by third party payers.
2. As a courtesy (and when appropriate), Advance Therapy staff may allow parents/guardians to occasionally leave the premises during their child's appointment time. However, they 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. 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. During treatment sessions when parents are not available or when working towards specific goals, therapists will assist clients as needed with toileting.
5. Client/Parent assumes the RISK of treatment and RELEASES Advance Therapy and its employees from all claims of any nature, except those claims which may not be released pursuant to law.
6. Advance Therapy offers and/or engages in the following:
 - a. Tours of the facility during open hours to prospective patients, vendors, physicians, employee candidates and therapy students. These may occur during your or your child's therapy session.
 - b. Video taping, audio taping and photography used exclusively for treatment purposes. These are used by therapists only and will remain confidential.
 - c. Parents/guardians participation in their child's treatment sessions.
 - d. Training and supervision of graduate student interns. Parents/clients will always be notified and have the right to refuse.

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

Client/Parent/Guardian signature: _____

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