



Community Therapy Services Agreement for Therapeutic Services

Client's Name

Appointment Times:

- Parents are asked to be on time for therapy appointments. When occasional circumstances arise that prevent this, parents are asked to inform CTS of the problem and estimated time of arrival.
- If a client is late for an appointment, the length of the session will likely be decreased depending on the therapist's schedule. If possible, the full appointment will be provided.

Cancellations:

- If a therapy appointment must be cancelled, the parent is asked to contact CTS as soon as possible, preferably providing a minimum of 24 hours' notice. Voice Mail is available 24 hours a day – please leave the day and time you called with your message. In unexpected cases such as illness, CTS should receive notice as soon as possible with a minimum of 2 hours' notice. Please note, the two hour notice should be an exception. CTS reserves the right to assign a \$25 fee for appointments cancelled with less than 24 hours' notice. This fee cannot be submitted to insurance.
- Clients attending 2 or more sessions weekly may miss a maximum of 4 visits within any 3-month period.
- Clients attending 1 session weekly may miss a maximum of once per month.
- Clients attending sessions bi-weekly, may miss a maximum of one appointment in a 2-month period.
- When cancellations exceed these limits clients will be contacted to review their schedule. The scheduled therapy appointment time may be forfeited and made available to another client. An alternate schedule may be considered, if possible.
- Clients should stay home as appropriate to prevent the spread of illness when not feeling well. Guidelines to follow:
 - Fever free for 24 hours without the use of fever reducing medication.
 - Free from vomiting for at least 2 solid meals.
 - Free from diarrhea for at least 24 hours.
 - Free from rash, itching, spots on skin, ringworm infection.
 - Free from unusual nasal or eye discharge.
 - Free from head lice for at least 7 days after treatment.
 - Free from sore throat or difficulty swallowing.
 - Free from uncontrolled coughing or difficulty breathing/wheezing.

No-Shows:

- If a client does not attend therapy and there is no call, it is considered a "no-show." CTS reserves the right to assign a charge minimum of \$45.00. This fee cannot be submitted to insurance and will be due prior to the next appointment.
- If there is an additional "no-show," the therapy appointment time is forfeited and made available for other client. You may contact CTS to schedule another appointment time, if possible.

Extended Absences:

- If a client must be absent for 3 weeks or longer due to events such as a vacation, camp, surgery, insurance issues, etc... the therapy appointment time cannot be held.
- Once the client is ready to resume therapy, the family may call and reschedule a new therapy appointment.
- There is no guarantee that the same therapist will be available.
- If you would like us to hold your slot during extended absences, you may opt to pay our usual fee for each session not attended. Insurance cannot be billed for a held session.

Staff Absences:

- In the case of a planned staff absence due to a vacation, parents will be notified by the therapist along with available plans for coverage during their absence. This may include rescheduling to a different day or time and/or seeing another therapist.
- In the event of a staff illness or family emergency, clients will be contacted as soon as CTS becomes aware of the absence. Whenever possible, options for rescheduling the appointment will be made available.

Rescheduling Appointments:

- CTS will seek to reschedule any cancelled appointments. Sometimes this may need to occur with an alternate therapist or on an alternate day and time. Parents are asked to work with the therapist to reschedule cancelled appointments whenever possible.

Attendance is extremely important for making progress towards therapeutic goals.

Community Therapy Services reserves the right to discontinue services when attendance is not consistent.

Parent/Guardian's Signature

Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that the above named client requires immediate medical attention, I authorize Community Therapy Services representatives to administer medical care, and/or to contact emergency medical services in my absence.

Parent/Guardian's Signature

Date