



## Therapy Policy for Clients Seen at Happy Hands Therapy Offices

1. Co-pays, deductibles or co-insurance amounts are due upon arrival at the office.
2. Therapy sessions are either 30 minutes, 45 minutes or 60 minutes. Occasionally, a session may be slightly shorter or longer depending on your child's cooperation, performance or speed in completing a task. Be aware that most therapists are seeing clients back to back.
3. The last five minutes of each therapy session may be spent discussing your child's performance and homework for the next week. This will also give you an opportunity to ask questions. Please be available to speak with your therapist the last five minutes of the session. If you need a longer consultation with your therapist, we will be happy to schedule an appointment with you.
4. Please make sure to attend all scheduled therapy appointments. If your child must miss a session, parent/caregiver must text or call at least 24 hours prior to the scheduled appointment to cancel or reschedule. If the therapist is not notified 24 hours prior, a fee of \$25.00 will be applied. Exceptions may be made for emergencies or illness. **Regular attendance is critical to the success of your child's therapy.** If your child accumulates two no-shows at any time while in therapy, termination is warranted.

If your attendance falls below 75%, you may be discharged from therapy and placed on a waiting list. If you will be late for a scheduled appointment, please contact the front desk. If you are more than 15 minutes late for the ST appointment or 30 minutes late for an OT appointment, you may need to be rescheduled. *Agreed\_\_\_\_\_ (Please Initial)*

5. Please remain on the premises while your child is in therapy unless you coordinate with your child's therapist and leave a current cell phone number.
6. Siblings are welcome at Happy Hands Therapy. We try to provide a welcoming and pleasant environment for siblings in our waiting area. For safety reasons, siblings are not allowed in the therapy areas and must be attended to at all times.
7. Out of consideration for others, please step outside the offices if making or receiving calls on your cell phone.
8. A \$25.00 Fee will be charged for all returned checks.

9. Please DO NOT bring your child or siblings to therapy if he/she has:
- A contagious disease such as chicken pox, strep throat, pink eye, or ringworm
  - A fever within 24 hours of the scheduled appointment.
  - Vomiting or diarrhea.
  - Head lice or scabies.

Our Commitment to You

Providing services to your family works best when done as a team with Happy Hands Therapy Services. We are committed to you and your family and want all our patients to meet their goals and make progress. We feel that this depends on a number of factors, including consistent attendance in therapy and open communication between you and your child's therapist.

**I have read, understand, and agree to the above policies.**

\_\_\_\_\_  
**Signed:**

\_\_\_\_\_  
**Dated:**