DARLING PEDIATRIC THERAPIES, INC.

1475 Holcomb Bridge Rd., Suite #113, Roswell, GA 30076
678-591-3542 Fax: 770-234-6837 Email: DarlingOT@msn.com
WWW.DarlingPediatricTherapies.com

Attendance Policy

As a parent or guardian, you are an essential member of your child's therapy team. The success of your child's therapy depends on your willingness to be an involved participant and take an active role in your child's healthcare. We ask that you and your child make every effort to attend each scheduled session on time and be willing to practice what you have learned at home with your child and other family members. Your child's progress depends on your family's commitment to therapy. **If attendance drops below 75% a month,** we will need to have a discussion as progress and reimbursement may be affected.

DPT requires a 24-hour notice when you need to cancel an appointment. It is understood that there are emergencies situations and sicknesses that will occur and this will be handled on a case by case basis.

If attendance becomes an issue and you are not able to make your appointments, understand that we **will need to discuss other options** as we may not be able to hold your slot.

This form has been fully explained to me and I hereby acknowledge, accept and certify this by signing this Agreement that I understand the Attendance policy. I will call and give advance notice of cancellations when possible.

I, _____

(Please **Print Name** of Patient Guardian, Patient or Patient Legal Representative)

_____

(Patient Guardian, Patient Legal Representative **Signature**)

Date: _____