1053A Sparkleberry Lane Ext., Columbia, SC 29223 Phone: 803-567-3348 | fax: 803-728-3044

THERAPY ATTENDANCE POLICY AND GUIDELINES

Regular and consistent treatment is critical to the client's progress and ability to achieve goals. To help clients achieve their goals and receive high-quality therapy services, we have established an attendance policy and guidelines to help ensure that everyone gets the time and attention they deserve.

Please initial that you have read each guideline.	•
Please arrive on time for therapy session accommodate your late arrival.	ons. If you are tardy, your therapy session cannot be extended to
If you need to cancel an appointment, p	please contact the office and your therapist. We will attempt to re- ossible.
 Clients who miss 3 scheduled appointments without advance notice (no call/no show) and/or frequently missed appointments, will be removed from the regularly recurring treatment schedule, placed on a waiting list, and the physician will be notified. Repeated cancellations or no-shows will be reported to your referring physician and may result in discontinual of therapy and possible discharge. 	
I have read and understand the Attendance Po	licy and Guidelines and agree to comply.
Client's Name	
Parents/Guardian Signature	 Date