

## **PROGRESSIVE THERAPY ALTERNATIVES**

### **ATTENDANCE POLICY**

#### **Purpose**

Regular and consistent attendance is an important factor in your therapy program. Your attendance and participation in therapy sessions helps us to achieve your therapy goals. Our staff will make a sincere effort to meet you promptly upon your arrival to the Center. We need your cooperation in attending and participating in your scheduled sessions to maximize therapy benefits.

#### **Procedure**

We realize there may be extenuating circumstances which make it necessary for you to cancel an appointment. At the same time, we need you to utilize the time of our staff efficiently so that we can maintain appointment schedules with you and other clients, while remaining fiscally responsible to the Center and payor sources. The therapist follows a regular schedule, thus if you are late to your appointment, you may not receive your full therapy period. We make every attempt to begin scheduled appointments on time, both with you and other clients. Therefore, it is critical that you comply with the Attendance Policy.

#### **Please Note**

We request that you read these guidelines carefully. Your cooperation will be appreciated.

1. Please call the Center within 24 hours of your scheduled appointment to cancel if necessary. Advance cancellation provides us with the opportunity to reschedule your appointment and adjust our own schedule for other clients.
2. If you miss three (3) consecutive appointments without canceling your appointment or notifying the Center regarding your situation and/or potential conflicts or problems, you may be dismissed or discharged from services.
3. If you are dismissed/discharged from services due to attendance problems, you can be readmitted at a later date when you feel regular attendance can be maintained. ( A new script and evaluation would be required. )
4. If 30 days have passed without any therapy, a re-evaluation will be required to continue services.

#### **Acknowledgement**

The Attendance Policy has been provided to me by Progressive Therapy Alternatives. I have read the Policy and Procedures. I have been given the opportunity to ask questions about the Policy and understand the Center's Guidelines.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or parent/guardian signature)