



Attendance Policy

I, _____ (patient/parent/legal guardian), understand that consistent therapy attendance is required by Carolina Therapeutics, PLLC, and it is critical for your child or loved one's success. Nevertheless, we realize that both children and adults suffer sudden illnesses and that emergencies occur. With this in mind, our attendance policy allows for two (2) missed visits (without 24-hours notice) to accommodate those situations. Early notification of a cancellation allows us to provide therapy services to other patients waiting to be seen for therapy. It also provides us with a better opportunity to reschedule your loved one to another time during the week to make up for the missed visit. It is expected that canceled visits be rescheduled in order to comply with your loved one's plan of care and physician's order.

In order to allow us to meet the needs of all the patients we see, we have attendance policies that, if violated, require that the treating therapist remove your child from a permanent spot on their caseload and discharge the patient from further therapy services. These policies are as follows:

- Cancellation of three (3) appointments with less than twenty-four (24) hours notice in a ninety (90) day period for any reason;
- Not showing or being ready for your scheduled appointment time for two (2) appointments in a ninety (90) day period without prior contact to Carolina Therapeutics, PLLC; or
- Cancellation of three (3) appointments for any reason that are not rescheduled (regardless of advance notice) in a ninety (90) day period; or
- Vacations scheduled for more than 10 business days are subject to being placed back on the waitlist.

Please call the office and/or the treating clinician as soon as you realize that your loved one will not be able to attend therapy. You may leave a message on our voicemail twenty-four (24) hours a day.

Parent/Guardian Presence & Home Exercise Plan

Carolina Therapeutics, PLLC, values the importance of establishing and maintaining therapeutic programs for all of the patients for which we provide therapy services. Parent/guardian involvement is key to your loved one's success from therapy services. Demonstration of your participation within your loved one's individualized home-exercise plan is critical for continual progress towards functional outcomes, and your insurance coverage may require documentation of your compliance. Please be aware that



Carolina Therapeutics

non-compliance with the discussed home-exercise plan may limit your loved one's ability to receive services.

Please be aware that someone who is 18 years of age must be present during all therapy sessions. If therapy is conducted within the community setting, our clinicians are unable to drive the patient or ride with the patient to a specified location. Therapy locations must be discussed in advance and agreed upon by both parties, and clinicians will arrive and depart separately. Patients receiving therapy services in the home will be provided with access to our "Introduction to In-Home Therapy" Handbook which outlines specifics towards in-home therapy expectations.

Acknowledgement
I, _____ (patient, parent, legal guardian), have read and understand the policies stated above, and I agree to the terms as stated.
Signature:
Date: