

## Attendance Contract

In order to maximize the benefits of therapy, it is very important that all scheduled appointments be attended. The consistency of attending therapy sessions assures that you will obtain maximum treatment benefit and assists you in meeting your goals. Missed or late appointments disrupt therapy schedules, which impacts you, your therapist, and other patients.

By signing this form, you are indicating that you understand our attendance policy and the consequences of not keeping your appointments. We anticipate that you will adhere to the following:

1. I understand that any appointment missed for any reason is considered an absence. Two times tardy for therapy equals an absence.
2. I agree to call to cancel my appointments at least 24 hours in advance. If I do not call to cancel and do not attend therapy, this will be considered a “no-show.” If appointments are not cancelled at least 24-hours in advance, you may be charged a fee.
3. I understand that missing three scheduled therapy appointments in a six-month period is grounds for discharge from therapy. If I must cancel an appointment due to an illness or emergency, I will contact the office as soon as possible. Family emergencies will be taken into consideration.
4. I understand that two “no-shows”, within a six-month period, are grounds for discharge from therapy.
5. I understand that if I arrive fifteen minutes late without prior notification, I may not receive therapy that day. Sessions that begin late will still end at your scheduled appointment time.
6. I agree to notify the therapist at least two weeks in advance of vacations or extended leave of absence.

Following these guidelines will greatly facilitate quality of treatment. Thank you for your cooperation.

Please note, if you are discharged from therapy due to attendance issues, we will provide alternative referrals and assist in the transition of your care.

Signature \_\_\_\_\_

Date \_\_\_\_\_