



2 Pillsbury Street Suite 404
Concord, NH 03301
Phone: (603) 228- STAR (7827)
Fax: (503) 228-7828
www.swingforthestars.com

Appointment and Attendance Policies

Child's Name: _____
Parent/Guardian Name: _____

Child's DOB: _____

Swing for the Stars has a strong commitment to providing quality therapy services to children with special needs. We ask that all families share in our commitment by playing an active role in the therapy process to ensure the best possible outcomes for your child. The following policies are to outline to each family what this commitment means on your part so that we may work together as a team.

Appointments & Scheduling Policies:

- For safety reasons, we request that persons bringing children to therapy sessions remain in the waiting room for the duration of your child's session. If you would like to leave the waiting room, you must check in at the reception window and ensure we have updated contact information for you should be need to get in touch with you during the session. You may not leave the premises during your child's treatment session for any reason.
- Once a treatment spot has been established for your child, the clinic is often not able to immediately accommodate changes. If you need to make a permanent change to the regularly scheduled appointment time, you will need to provide SFTS with as much advanced notice as possible. SFTS will make reasonable efforts to try and accommodate these changes; however this may not be possible depending on available treatment spots at that time
- Treatment sessions are scheduled in 60 minute blocks. Approximately 45 minutes of this time is dedicated to direct treatment with the child and the therapist. Approximately 10 minutes of this time is dedicated to consultation with the parent or caregiver, and 5 minutes of this time is for the therapist to complete necessary documentation.
- Additional consultation time with my child's therapist can be scheduled for myself or other interested parties involved in the care or education of my child by scheduling a meeting outside of the regular treatment spot. This consultation may happen in person, at SFTS, or via phone conversation and may be subject to a consultation fee. This consultation fee is not covered by insurance and will be billed at a rate of \$50.00 an hour.
- Your child's therapist may be able attend an outside meeting such as an IEP meeting at your child's school or via teleconference if scheduling allows. This will be billed at an hourly consultation rate of \$50.00 an hour plus travel time to and from the appointment.
- Copies of evaluation reports and progress notes will be sent to the referring physician upon completion.

Attendance Policies:

- In order for your child to get the best possible results out of therapy, it is important to be consistent in keeping treatment session appointments. Excessive cancellations may result in loss of your child's treatment spot. Extenuating circumstances will be taken into consideration.
- Families need to notify their child's therapist at least 2 weeks prior to vacations or other obligations where the child is going to miss a scheduled treatment session.

Attendance Policies (continued):

- If for any reason you need to cancel or reschedule an appointment, a 24 hour notice is required, except in cases where there are extenuating circumstances. If a notice of at least 24 hours is not given, you may be responsible for a \$35.00 last minute cancellation fee. Exception is provided if your child should become ill the morning of the scheduled appointment.
- Families will be subject to a no show fee for failing to keep a scheduled appointment without cancellation. The no show fee is \$50.00. 2 no shows may result in the loss of the child's treatment spot. Extenuating circumstances will be considered.

Acknowledgment of Risk:

- I acknowledge that there is some inherent risk in the use of the therapy equipment at Swing for the Stars Pediatric Therapy Center. I agree to indemnify and hold Swing for the Stars Pediatric Therapy Center harmless from any and all losses and claims for any injuries or other damages occurring to myself, my child, or our belongings, from the use of therapy equipment.

I acknowledge that I have read and understand the above outlines policies. I recognize that I will be held responsible for abiding by these policies while my child receives services at Swing for the Stars Pediatric Therapy Center, LLC and failure to do so may result in discontinuation of services at this facility.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian