



Advanced Therapy Care

Therapy Services for Adults and Children

68 South Baltic Place
Meridian, ID 83642
208-898-0988
208-898-9022 (Fax)

Date: _____ **Patient's Name:** _____

Dear Patient,

Welcome to our speech and/or occupational therapy program! We are thrilled you've selected our services to meet your speech and/or occupational therapy needs. Advanced Therapy Care strives to provide each patient with the highest quality of care while attempting to accommodate your schedule. We offer excellent therapy that is tailored to fit each patient's specific needs.

Cancellations, especially last minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of other patients. We must ask for your full cooperation with the following policy:

- Consistent attendance during the therapy process is the first step in offering exceptional speech and/or occupational therapy.
- Consistent attendance during therapy is critical for a successful therapy program and your responsibility.
- Consistent attendance will ensure:
 1. Optimal conditions for the therapy process.
 2. Efficient use of the therapist's time and energies.

We expect 90% attendance in our therapy program. In the event that you do not call to cancel your appointment or inform our clinic that you will not be attending, it will be recorded as a No Show. Your Therapist will phone to inform you of the No Show appointment. Two No Show appointments will result in dismissal from your current therapy schedule and you will be placed on the waiting list for services. Chronic cancellations are also considered problematic. Patients with attendance below 80% for 10 consecutive sessions will also be dismissed from current therapy and placed at the bottom of the waiting list.

We understand that emergencies and unexpected changes will occur at the last minute, and therefore, we have provided some leniency in our policy for these circumstances. If at all possible, we would like to reschedule the appointment rather than have you cancel. Thank you for your cooperation regarding our attendance policy.

Sincerely,

Rachelle Ruffing, MS CCC-SLP

I have read and understand the above attendance policy for Speech and/or Occupational Therapy Services. I have also been provided a copy of this attendance policy.

Parent or Patient's Signature

Date